## that my name appears above, or on an attachment with all other like empowered. 02/01/2021

SIGNATURE: DORIS C EDWARDS Electronic Signature of Signing Authorized Person(s) Detail

# DOCUMENT# L11000101709

### Entity Name: AMERICAN DREAM REALTY REFERRAL SERVICE, LLC

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### **Current Principal Place of Business:**

2100 CONSTITUTION BLVD. #141 SARASOTA, FL 34231

#### **Current Mailing Address:**

1862 WHARF ROAD SARASOTA, FL 34231 US

#### FEI Number: NOT APPLICABLE

#### Name and Address of Current Registered Agent:

EDWARDS, DORIS C 1862 WHARF ROAD SARASOTA, FL 34231 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

#### SIGNATURE:

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

Title MGR EDWARDS, DORIS C Name Address 1862 WHARF ROAD City-State-Zip: SARASOTA FL 34231

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

MGR

Secretary of State 3220883167CC

FILED Feb 01, 2021

Certificate of Status Desired: No

Date

Date