

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000005608

**Entity Name:** DREAM II, LLC

**Current Principal Place of Business:**

820 S. LAKE ADAIR BLVD.  
ORLANDO, FL 32804

**Current Mailing Address:**

820 S. LAKE ADAIR BLVD.  
ORLANDO, FL 32804 US

**FEI Number:** 46-1735690

**Certificate of Status Desired:** No

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

DIANE ROSSI  
820 S. LAKE ADAIR BLVD.  
ORLANDO, FL 32804 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

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name ROSSI, DIANE  
Address 820 SOUTH LAKE ADAIR BLVD..  
City-State-Zip: ORLANDO FL 32804

Title MGRM  
Name ROSSI, RICHARD  
Address 820 S. LAKE ADAIR BLVD.  
City-State-Zip: ORLANDO FL 32804

Title MGRM  
Name BUTLER, ELIZABETH  
Address 3803 LAKE SARAH DRIVE  
City-State-Zip: ORLANDO FL 32804

Title MGRM  
Name WILLIAMS, ANNE MARIE  
Address 918 SHADY LANE DRIVE  
City-State-Zip: ORLANDO FL 32804

*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 that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DIANE ROSSI

**MANAGING MEMBER**

**02/19/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date