

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000037425

**FILED**  
**Mar 23, 2015**  
**Secretary of State**  
**CC9483557376**

**Entity Name:** DREAM ISLAND LUCE LLC

**Current Principal Place of Business:**

HARBOUR VILLA CLUB  
615 DREAM ISLAND ROAD UNIT 202  
LONGBOAT KEY, FL 34228

**Current Mailing Address:**

PO BOX 940  
WINTER PARK, FL 32790

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

HENIN, JEROME  
2300 LEE ROAD  
WINTER PARK, FL 32789 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 LUCE, MARTINE  
Address 946 ROUTE DE LA CHANTERIE  
City-State-Zip: SAINT PAIR SUR MER FR 50380

Title MGRM  
Name LUCE, VALANTINE  
Address 946 ROUTE DE LA CHANTERIE  
City-State-Zip: SAINT PAIR SUR MER FR 50380

Title MGRM  
Name LUCE, VICTOR  
Address 946 ROUTE DE LA CHANTERIE  
City-State-Zip: SAINT PAIR SUR MER FR 50380

Title MGR  
Name HENIN, JEROME  
Address 2300 LEE ROAD  
City-State-Zip: WINTER PARK FL 32790

Title MEMBER  
Name LUCE, JEAN PIERRE  
Address 615 DREAM ISLAND  
UNIT 202  
City-State-Zip: LONG BOAT KEY FL 34228

*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:** JEROME HENIN

**MANAGER**

**03/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date