

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000142727

**Entity Name:** DREAMS MOUNTAIN, LLC

**Current Principal Place of Business:**

470 ANSIN BLVD  
SUITE J  
HALLANDALE, FL 33009

**Current Mailing Address:**

470 ANSIN BLVD  
SUITE J  
HALLANDALE, FL 33009 US

**FEI Number:** 46-3874013

**Certificate of Status Desired:** No

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

DI MATTEO, JULIO C  
470 ANSIN BLVD  
SUITE J  
HALLANDALE, FL 33009 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 DI MATTEO, JULIO C  
Address 470 ANSIN BLVD SUITE J  
City-State-Zip: HALLANDALE FL 33009

Title MGRM  
Name ORTUNO, FERNANDO  
Address 470 ANSIN BLVD SUITE J  
City-State-Zip: HALLANDALE FL 33009

Title MRGM  
Name GARCIA FALCON, SEBASTIAN C  
Address 470 ANSIN BLVD SUITE J  
City-State-Zip: HALLANDALE FL 33009

Title MRGM  
Name ORTUNO, DIEGO  
Address 470 ANSIN BLVD SUITE J  
City-State-Zip: HALLANADALE FL 33009

Title MRGM  
Name GARCIA, PATRICIO N  
Address 470 ANSIN BLVD SUITE J  
City-State-Zip: HALLANADALE FL 33009

*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:** JULIO DI MATTEO

MGR

04/09/2019

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

\_\_\_\_\_  
Date