

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000021876

**Entity Name:** THE DREAMHOUSE THEATRE, LLC

**Current Principal Place of Business:**

1840 OAK GROVE BLVD  
LUTZ, FL 33559

**Current Mailing Address:**

1840 OAK GROVE BLVD  
LUTZ, FL 33559 US

**FEI Number: 46-4765058**

**Certificate of Status Desired: Yes**

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

WILCOX LAW PA  
721 1ST AVE N  
SAINT PETERSBURG, FL 33701 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 AMBR  
Name VAN SCHAIK, CHRIS  
Address 27551 CASHFORD CIRCLE  
City-State-Zip: WESLEY CHAPEL FL 33544

Title AMBR  
Name VAN SCHAIK, MELISSA  
Address 27551 CASHFORD CIRCLE  
City-State-Zip: WESLEY CHAPEL FL 33544

Title AMBR  
Name D'ONOFRIO, BRYAN  
Address 27551 CASHFORD CIRCLE  
City-State-Zip: WESLEY CHAPEL FL 33544

Title AMBR  
Name D'ONOFRIO, DARCI  
Address 27551 CASHFORD CIRCLE  
City-State-Zip: WESLEY CHAPEL FL 33544

*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: CHRIS VAN SCHAIK**

**OWNER**

**04/11/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date