

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000071144

**Entity Name:** DRESSAGE DREAMS, LLC

**Current Principal Place of Business:**

2525 PONCE DE LEON BLVD  
4TH FLOOR  
CORAL GABLES, FL 33134

**Current Mailing Address:**

33 OLYMPIA HILLS CIRCLE  
LAS VEGAS, NV 89141 US

**FEI Number:** 47-3818529

**Certificate of Status Desired:** No

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

OCRANT, YVONNE C  
2525 PONCE DE LEON BLVD  
4TH FLOOR  
CORAL GABLES, FL 33134 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           MANAGER  
Name           HLAVACEK, BRUCE  
Address        33 OLYMPIA HILLS CIRCLE  
City-State-Zip: LAS VEGAS NV 89141

Title           MANGER  
Name           HLAVACEK, JENNIE V  
Address        33 OLYMPIA HILLS CIRCLE  
City-State-Zip: LAS VEGAS NV 89141

*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:** BRUCE HLAVACEK

**MANAGER**

**01/29/2017**

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

\_\_\_\_\_  
Date