

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000156757

**Entity Name:** DREAMINVEST, LLC

**Current Principal Place of Business:**

9290 HAMMOCKS BLVD  
SUITE 404  
MIAMI, FL 33196

**Current Mailing Address:**

9290 HAMMOCKS BLVD  
SUITE 404  
MIAMI, FL 33196 US

**FEI Number:** 47-5099625

**Certificate of Status Desired:** No

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

RUEDA, LILIBETH  
9290 HAMMOCKS BLVD  
SUITE 404  
MIAMI, FL 33196 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:** LILIBETH RUEDA

04/26/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name DI GIOVANNI, CHRISTIAN  
Address CALLE B, RES LOMAS CLASSIC,  
LOMAS DEL SOL  
City-State-Zip: APT 23-C, CARACAS, . 1083

Title MGRM  
Name EDDY, DE FREITAS M  
Address CALLE B, RES LOMAS CLASSIC,  
LOMAS DEL SOL  
City-State-Zip: APT 23-C, CARACAS . 1083

*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:** DI GIOVANNI CHRISTIAN

MGRM

04/26/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date