

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000019249

**Entity Name:** AMERICAN DREAM ENTERPRISES LLC

**Current Principal Place of Business:**

C/O THE ONE LEGAL  
2525 PONCE DE LEON BOULEVARD SUITE 300  
CORAL GABLES, FL 33134

**Current Mailing Address:**

P.O. BOX 431288  
SOUTH MIAMI, FL 33243 US

**FEI Number:** 37-1802730

**Certificate of Status Desired:** No

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

ELITE COMPANY MANAGEMENT LLC  
C/O THE ONE LEGAL  
2525 PONCE DE LEON BOULEVARD SUITE 300  
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:** JEANNE FUENTES

06/24/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                      |                 |                      |
|-----------------|----------------------|-----------------|----------------------|
| Title           | MGR                  | Title           | MGR                  |
| Name            | MEZA, EDWIN          | Name            | FUENTES, JEANNE      |
| Address         | PO BOX 431288        | Address         | PO BOX 431288        |
| City-State-Zip: | SOUTH MIAMI FL 33243 | City-State-Zip: | SOUTH MIAMI FL 33243 |

*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:** JEANNE FUENTES

MANAGER

06/24/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date