

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000066326

Entity Name: DREAM DIJOUR LLC**Current Principal Place of Business:**2220 PORT
WINTER HAVEN, FL 33881**Current Mailing Address:**2220 PORT
WINTER HAVEN, FL 33881 US**FEI Number:** 81-2198886**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHMIDT, LAVERN
2220 PORT
WINTER HAVEN, FL 33881 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	SCHMIDT, LAVERN
Address	2220 PORT
City-State-Zip:	WINTER HAVEN FL 33881

Title	AMBR
Name	SCHMIDT, DIANNE
Address	2220 PORT
City-State-Zip:	WINTER HAVEN FL 33881

Title	MGR
Name	SCHMIDT, LAVERN
Address	2220 PORT
City-State-Zip:	WINTER HAVEN FL 33881

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: LAVERN D SCHMIDT

AMBR

03/22/2023

Electronic Signature of Signing Authorized Person(s) Detail_____
Date