

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000133735

**Entity Name:** DREAM SELLER LLC

**Current Principal Place of Business:**

5401 S KIRKMAN RD  
STE 135  
ORLANDO, FL 32819

**Current Mailing Address:**

5401 S KIRKMAN RD  
STE 135  
ORLANDO, FL 32819 US

**FEI Number:** 37-1832672

**Certificate of Status Desired:** No

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

GAMA, OTHAMAR  
5401 S KIRKMAN RD  
STE 135  
ORLANDO, FL 32819 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 MGR  
Name GAMA, OTHAMAR  
Address 5401 S KIRKMAN RD  
STE 135  
City-State-Zip: ORLANDO FL 32819

*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:** GAMA , OTHAMAR

MGR

03/12/2018

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

\_\_\_\_\_  
Date