

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000010792

**Entity Name:** DREAM VACATIONS & EVENTS, LLC

**Current Principal Place of Business:**

301 TOLDEDO ROAD  
DAVENPORT, FL 33837

**Current Mailing Address:**

301 TOLDEDO ROAD  
DAVENPORT, FL 33837 US

**FEI Number: 82-4028596**

**Certificate of Status Desired: No**

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

ROSEN, DINA  
301 TOLDEDO ROAD  
DAVENPORT, FL 33837 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            ROSEN, DINA  
Address        301 TOLDEDO ROAD  
City-State-Zip: DAVENPORT FL 33837

*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: DINA ROSEN**

**OWNER/AMBR**

**04/13/2019**

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

\_\_\_\_\_ Date