

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000228354

**Entity Name:** DREAMERS TAKE RISKS LLC

**Current Principal Place of Business:**

2332 GALIANO STREET  
2  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2332 GALIANO STREET  
2  
CORAL GABLES, FL 33134 US

**FEI Number:** 82-2070374

**Certificate of Status Desired:** No

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

NELSON, WILLIE  
5220 NW 30TH PL  
MIAMI, FL 33142 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 NELSON, WILLIE R  
Address 5220 NW 30TH PL  
City-State-Zip: MIAMI FL 33142

*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:** WILLIE NELSON

**MANAGER**

**01/22/2020**

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

\_\_\_\_\_  
Date