

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000228354

**Entity Name:** DREAMERS TAKE RISKS LLC

**Current Principal Place of Business:**

941 SW 123RD TER

2

PEMBROKE PINES, FL 33025

**Current Mailing Address:**

941 SW 123RD TERR

2

PEMBROKE PINES, FL 33178 US

**FEI Number:** 82-2070374

**Certificate of Status Desired:** No

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

NELSON, WILLIE

941 SW 123 TER

PEMBROKE PINES, FL 33025 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

CEO

04/30/2023

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

\_\_\_\_\_  
Date