

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000246022

Entity Name: 360 VR DREAMS LLC

Current Principal Place of Business:

3303 THOMASVILLE RD
TALLAHASSEE, FL 32308

Current Mailing Address:

3303 THOMASVILLE RD
TALLAHASSEE, FL 32308

FEI Number: 83-2293984

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STRAKER, JULES D
8669 ALEXANDRITE CT
TALLAHASSEE, FL 32309 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 MGRM
Name STRAKER, JULES D
Address 8669 ALEXANDRITE CT
City-State-Zip: TALLAHASSEE FL 32309

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: JULES D STRAKER

MGRM

02/17/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date