

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000258280

**Entity Name:** DREAMS HEALTH FARM LLC

**Current Principal Place of Business:**

8123 N.W. 29TH STREET  
DORAL, FL 33122

**Current Mailing Address:**

8123 N.W. 29TH STREET  
DORAL, FL 33122

**FEI Number:** 84-3361691

**Certificate of Status Desired:** No

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

JSD & COMPANY, P.A.  
8390 W FLAGLER ST  
201  
MIAMI, FL 33144 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            SANTOS, NELDO  
Address        8123 NW 29TH STREET  
City-State-Zip: DORAL FL 33122

*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:** NELDO SANTOS

AMBR

05/18/2020

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

\_\_\_\_\_ Date