# 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT# L20000028487

## Entity Name: DREAM VISIONS, LLC

## Current Principal Place of Business:

10560 CITY CENTER BLVD #208 PEMBROKE PINES, FL 33025

# **Current Mailing Address:**

10560 CITY CENTER BLVD SUITE 208 PEMBROKE PINES, FL 33025 US

# FEI Number: 86-2000476

## Name and Address of Current Registered Agent:

GARCIA, CHRISTINA 10560 CITY CENTER BLVD SUITE 208 PEMBROKE PINES, FL 33025 US

Certificate of Status Desired: Yes

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

### Authorized Person(s) Detail :

Authonized Terson(3) Detail .				
	Title	AMBR	Title	AP
	Name	GARCIA, CHRISTINA	Name	PAZ, EDUARDO
	Address	10560 CITY CENTER BLVD #208	Address	10560 CITY CENTER BLVD #208
	City-State-Zip:	PEMBROKE PINES FL 33025	City-State-Zip:	PEMBROKE PINES FL 33025

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: EDUARDO PAZ

AP

Date

Electronic Signature of Signing Authorized Person(s) Detail