

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000071088

**Entity Name:** DREAM HOUSE 30A-II, LLC

**Current Principal Place of Business:**

166 EMERALD RIDGE  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

166 EMERALD RIDGE  
SANTA ROSA BEACH, FL 32459 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

GARNER, CHARLES E II  
166 EMERALD RIDGE  
SANTA ROSA BEACH, FL 32459 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 GARNER, CHARLES E II  
Address 166 EMERALD RIDGE  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title AMBR  
Name GARNER, ELIZABETH S  
Address 166 EMERALD RIDGE  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title AMBR  
Name ROBERTSON, TRAVIS N  
Address 2024 NORTH COUNTY HIGHWAY 393  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title AMBR  
Name MAY, KELLY A  
Address 2024 NORTH COUNTY HIGHWAY 393  
City-State-Zip: SANTA ROSA BEACH FL 32459

*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:** CHARLES E GARNER II

**MANAGER**

**03/05/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date