

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000075506

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** DREAM TEAM RESTORATION, LLC

**Current Principal Place of Business:**

4811 LYONS TECH PARKWAY  
29  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

3921 S.W. 47TH AVE  
1001  
DAVIE, FL 33314

**Current Mailing Address:**

4811 LYONS TECH PARKWAY  
29  
COCONUT CREEK, FL 33073

**New Mailing Address:**

3921 S.W. 47TH AVE  
1001  
DAVIE, FL 33314

**FEI Number:** 26-3194710

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SEGAL, WILLIAM J  
20801 BISCAYNE BLVD.  
304  
AVENTURA, FL 33180 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** GREENSTEIN, MICHAEL C  
**Address:** 3921 S.W. 47TH AVE. #1001  
**City-St-Zip:** DAVIE, FL 33314

I hereby certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** MICHAEL GREENSTEIN

MGRM

01/04/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date