

L09000082681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

L09-82681

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W. C. Higgins

SEP 22 2009

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Dream Vacation & Services, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yanira Nazario  
Name of Person

Dream Vacation & Services, LLC  
Firm/Company

189 S. Orange Ave Suite #1850  
Address

Orlando FL 32801  
City/State and Zip Code

Yanira1977@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yanira Nazario at ( 407 ) 409-8272  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 15, 2009

YANIRA NAZARIO  
189 S. ORANGE AVENUE  
SUITE 31850  
ORLANDO, FL 32801

SUBJECT: DREAM VACATION & SERVICES, LLC  
Ref. Number: L09000082681

We have received your document for DREAM VACATION & SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The New Registered Agent must sign.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

*If you have any questions concerning the filing of your document, please call (850) 245-6067.*

Neysa Culligan  
Regulatory Specialist II

Letter Number: 909A00030370

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Dream Vacation & Services, LLC
2. (a) Principal office address of limited liability company: 189 S. Orange Ave  
☐ (Note: **MUST BE STREET ADDRESS**) Suite 1850  
Orlando, FL 32801
- (b) Mailing address of limited liability company:  
☐ (Note: **MAY BE POST OFFICE BOX**) same as above
3. Date of filing/registration in Florida: 8/26/09
4. Document number: L09000082
5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State:  
Registered Agent: Yanira Nazario  
Registered Office Address: 14582 Old Thicket Trace  
Winter Garden, FL 34787
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
**NEW Registered Agent:** Hector R. Ortiz  
**NEW Registered Office Address:** 189 S. Orange Ave  
**(MUST BE FLORIDA STREET ADDRESS)** Suite 1850  
Orlando, FL 32801

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

Yanira Nazario  
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00