

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000083631

Entity Name: ALL DREAM TOURS, LLC

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

10386 NW 30 TERRACE  
DORAL, FL 33172

**New Principal Place of Business:**

5249 NW 112TH PLACE  
DORAL, FL 33178

**Current Mailing Address:**

10386 NW 30 TERRACE  
DORAL, FL 33172

**New Mailing Address:**

5249 NW 112TH PLACE  
DORAL, FL 33178

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VILA, FIORELLA  
10386 NW 30 TERRACE  
DORAL, FL 33172 US

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

VILA, FIORELLA  
5249 NW 112TH PLACE  
DORAL, FL 33178 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: FIORELLA VILA

04/29/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: VILA, FIORELLA  
Address: 5249 NW 112TH PLACE  
City-St-Zip: DORAL, FL 33178

Title: MGRM  
Name: SAER, SAMIR  
Address: 5249 NW 112TH PLACE  
City-St-Zip: DORAL, FL 33172

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: FIORELLA VILA

RA

04/29/2011

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