

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000122778

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** AMERICAN DREAM OF N.E. FLORIDA LLC

**Current Principal Place of Business:**

600 BAMBOO ST.  
ST. AUGUSTINE, FL 32095

**New Principal Place of Business:**

8555 HOLLYRIDGE RD  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

600 BAMBOO ST.  
ST. AUGUSTINE, FL 32095

**New Mailing Address:**

8555 HOLLYRIDGE RD  
JACKSONVILLE, FL 32256

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

HATTANGADI, SHIVAKUMAR B  
600 BAMBOO ST.  
ST. AUGUSTINE, FL 32095 US

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

HATTANGADI, SHIVAKUMAR B  
8555 HOLLYRIDGE RD  
JACKSONVILLE, FL 32256 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:

05/01/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HATTANGADI, SHIVAKUMAR B  
Address: 8555 HOLLYRIDGE RD  
City-St-Zip: JACKSONVILLE, FL 32256

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: SHIVAKUMAR HATTANGADI

MGR

05/01/2012

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