

L12000049187

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

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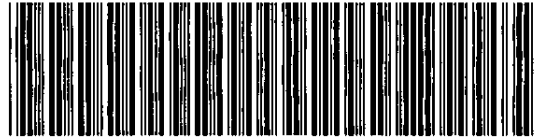
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
OCT 11 2016

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Dreams Investment Group "LLC"

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Amendment or Cancellation of Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Herold Pierre

\_\_\_\_\_  
Name of Person

Dreams Investment Group "LLC"

\_\_\_\_\_  
Firm/Company

1601 N. flamingo Road, Suite 4

\_\_\_\_\_  
Address

Pembroke Pines, FL 33028

\_\_\_\_\_  
City/State and Zip Code

heroldpierre@sofloam.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Herold Pierre

954 375-7774

\_\_\_\_\_  
Name of Person

at ( )  
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

**AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY**

Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following:

**FIRST:** The name of the limited liability company is: Dreams Investment Group "LLC"

**SECOND:** The Florida Document number of the limited liability company is: L12000044187

**THIRD:** The street address of the limited liability company's principal office is:

1601 N. Flamingo Road, Suite 4

Pembroke Pines, FL 33028

The mailing address of the limited liability company's principal office is:

1601 N. Flamingo Road, Suite 4

Pembroke Pines, FL 33028

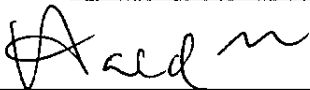
**FOURTH:** The date the statement of authority became effective is: September 28, 2015

**FIFTH:** The statement of authority is cancelled.

**OR**

The amendment to the statement of authority is  
to change the street address and mailing address of the Company.

All other information on the Statement of Authority shall remain in  
effect.



Signature of authorized representative

Herold Pierre

Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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