

L130000067870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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14 JUN -3 AM 10 29

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@ 6.3.14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dream Property holding LLC
Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

Malaka M. Abdelkader

Name of Person

Dream Property holding LLC

Firm/Company

1940 Birch Ave

Address

Merritt Island, FL 32953

City/State and Zip Code

bryanblackledge@yahoo.com

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

For further information concerning this matter, please call:

Malaka Abdelkader

Name of Person

at (321) 720-6977

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2561 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 10, 2014

MALAKA M. ABDELKADER
DREAM PROPERTY HOLDING LLC
1940 BIRCH AVE
MERRITT ISLAND, FL 32953

SUBJECT: DREAM PROPERTY HOLDING LLC
Ref. Number: L13000060870

We have received your document for DREAM PROPERTY HOLDING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The current name of the entity is as referenced above. Please correct your document accordingly.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 714A00007720

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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 PROPERTY Holding LLC

2. (a) 1940 BIRCH AVE

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Merritt Island

FL 32953

(b) SAM

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

SAM

4/25/13

3. Date of filing/registration in Florida

L13000060870

4. Document number

5. (a) CORPORATION SERVICE COMPANY

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1201 HAYS ST

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TALLAHASSEE

FL 32301

(b) SALAH M ELGAMIL

Enter name of NEW Registered Agent and/or NEW Registered Office address:

1940 Birch Ave

NEW Registered Office Address:

Merritt Island

FL 32953

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.

MALAKA ABDELKADER MALAKA ABDELKADER
Signature of a member or authorized representative of a member Printed or typed name of signee

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 605, 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.

Salah M Elgamil
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

INHS18 (2/14)