

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000059680

**Entity Name:** JD DREAM LLC

**Current Principal Place of Business:**

222 UNIVERSITY BLVD.  
#2  
JACKSONVILLE, FL 32211

**Current Mailing Address:**

222 UNIVERSITY BLVD.  
#2  
JACKSONVILLE, FL 32211 US

**FEI Number:** 20-1477622

**Certificate of Status Desired:** No

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

MCMILLIN ALLINSON, BEVERLY D  
222 UNIVERISTY BLVD. N  
#2  
JACKSONVILLE, FL 32211 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name ALLINSON, JOHN NII  
Address 222 UNIVERSITY BLVD. #2  
City-State-Zip: JACKSONVILLE FL 32211

Title MGRM  
Name MCMILLIN-ALLINSON, BEVERLY D  
Address 222 UNIVERSITY BLVD. #2  
City-State-Zip: JACKSONVILLE FL 32211

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BEVERLY D MCMILLIN-ALLINSON

**MGRM**

**02/20/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date