

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000153268

**Entity Name:** FORX DREAM TEAMS, LLC

**Current Principal Place of Business:**

7817 ALHAMBRA BLVD.  
MIRAMAR, FL 33023

**Current Mailing Address:**

7817 ALHAMBRA BLVD.  
MIRAMAR, FL 33023

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MILLER, DWAYNE  
8921 NE 2 AVE.  
ELPORTAL, FL 33023 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 MGR  
Name MILLER, DWAYNE  
Address 8921 NE 2 AVE.  
City-State-Zip: ELPORTAL FL 33138

Title MGR  
Name THOMPSON, RAY  
Address 7817 ALHAMBRA BLVD.  
City-State-Zip: MIRAMAR FL 33023

Title MGR  
Name KOHLHOF, GREGORY  
Address 204 NW 97TH AVE.  
City-State-Zip: PLANTATION FL 33324

*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:** RAY THOMPSON

MANAGER

04/30/2014

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

\_\_\_\_\_  
Date