

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000158388

Entity Name: THE TOWER OF DREAMS, LLC

Current Principal Place of Business:

846 CHICOPIT LANE
JACKSONVILLE, FL 32225

Current Mailing Address:

846 CHICOPIT LANE
JACKSONVILLE, FL 32225 US

FEI Number: 46-4144417

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEREZ, RAUL
846 CHICOPIT LANE
JACKSONVILLE, FL 32225 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	Title	MGRM
Name	PEREZ, RAUL	Name	PEREZ, MARIA C
Address	846 CHICOPIT LANE	Address	846 CHICOPIT LANE
City-State-Zip:	JACKSONVILLE FL 32225	City-State-Zip:	JACKSONVILLE FL 32225

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: RAUL PEREZ

MANAGING PARTNER

01/19/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date