

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000172170

Entity Name: MICHAEL DREAM VACATIONS L.L.C.

Current Principal Place of Business:

5843 LACOSTA DRIVE
ORLANDO, FL 32807

Current Mailing Address:

5843 LACOSTA DRIVE
ORLANDO, FL 32807 US

FEI Number: 46-4422234

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BEENE, MICHAEL
5843 LACOSTA DRIVE
ORLANDO, FL 32807 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 BEENE, MICHAEL
Address 5843 LACOSTA DRIVE
City-State-Zip: ORLANDO FL 32807

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: MICHAEL R BEENE

MANGER

04/29/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date