

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000039932

Entity Name: DREAM VILLAS VACATION HOME LLC**Current Principal Place of Business:**8964 COCO PALM
KISSIMMEE, FL 34747**Current Mailing Address:**7065 WESTPOINTE BLVD STE 102
ORLANDO, FL 32835 US**FEI Number:** 47-3415854**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FARIA PEDRO, ALESSANDRA B
7065 WESTPOINTE BLVD STE 106
ORLANDO, FL 32835 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 AMBR
Name FARIA PEDRO, ALESSANDRA B
Address RUA XAVIER DE ALMEIDA 918 APT
191A
City-State-Zip: SAO PAULO SP 42110-01

Title MGR
Name FARIA PEDRO, VICTOR HUGO
Address RUA XAVIER DE ALMEIDA 918 APT
191A
City-State-Zip: SAO PAULO SP 04211-001

Title MGR
Name FARIA PEDRO, NATALIA
Address RUA XAVIER DE ALMEIDA 918 APT
191A
City-State-Zip: SAO PAULO SP 04211-001

Title AMBR
Name APARECIDO PEDRO, CLAUDINEI
Address RUA XAVIER DE ALMEIDA 918 APT
191A
City-State-Zip: SAO PAULO SP 04211-001

Title MGR
Name FARIA PEDRO, AMANDA
Address RUA XAVIER DE ALMEIDA 918 APT
191A
City-State-Zip: SAO PAULO SP 04211-001

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: FARIA PEDRO , ALESSANDRA B

AMBR

04/28/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date