

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000087031

**Entity Name:** DR PRENEUR LLC

**Current Principal Place of Business:**

21743 SW CITRUS BLVD  
INDIANTOWN, FL 34956

**Current Mailing Address:**

21743 SW CITRUS BLVD  
INDIANTOWN, FL 34956 US

**FEI Number:** 47-4071579

**Certificate of Status Desired:** No

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

CARVAJAL, ADRIANA  
11463 SW HALTON ST  
PORT SAINT LUCIE, FL 34987 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	Title	MGR
Name	ROJAS, DAMARYS D	Name	RODRIGUEZ, RODGAM R
Address	21743 SW CITRUS BLVD	Address	21743 SW CITRUS BLVD
City-State-Zip:	INDIANTOWN FL 34956	City-State-Zip:	INDIANTOWN FL 34956

*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:** RODGAM RAFAEL RODRIGUEZ

**MGR**

**04/20/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date