

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000216908

Entity Name: SIGN DREAMERS OF BROWARD LLC**Current Principal Place of Business:**1027 SW 159TH WAY
PEMBROKE PINES, FL 33027**Current Mailing Address:**1027 SW 159TH WAY
PEMBROKE PINES, FL 33027 US**FEI Number:** 83-1948795**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED STATES CORPORATION AGENTS, INC.
476 RIVERSIDE AVE.
JACKSONVILLE, FL 32202 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:** UNITED STATES CORPORATION AGENTS

04/12/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	OWENS, PAMELA
Address	1027 SW 159TH WAY
City-State-Zip:	PEMBROKE PINES FL 33027

Title	MGR
Name	OWENS, JOHN
Address	1027 SW 159TH WAY
City-State-Zip:	PEMBROKE PINES FL 33027

Title	AMBR
Name	OWENS, JOHN
Address	1027 SW 159TH WAY
City-State-Zip:	PEMBROKE PINES FL 33027

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: JOHN OWENS

MANAGER

04/12/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date