

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000067367

**Entity Name:** DREAMS ACHIEVED HOME SOLUTIONS, LLC

**Current Principal Place of Business:**

1013 26TH ROAD SOUTH  
ARLINGTON, VA 22202

**Current Mailing Address:**

1013 26TH ROAD SOUTH  
ARLINGTON, VA 22202 US

**FEI Number:** 37-1586551

**Certificate of Status Desired:** No

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

HOOD, MICHELE R  
3807 SE 18TH PL  
CAPE CORAL, FL 33904 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	HOOD, MICHELE R	Name	HOOD, DARYL O
Address	1013 26TH ROAD SOUTH	Address	1013 26TH ROAD SOUTH
City-State-Zip:	ARLINGTON VA 22202	City-State-Zip:	ARLINGTON VA 22202

*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:** MICHELE R. HOOD

**MANAGER**

**03/16/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date