

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000060232

Entity Name: DREAMPERFECT SOLUTIONS LLC**Current Principal Place of Business:**5830 VENETIAN BLVD
ST. PETERSBURG, FL 33703**Current Mailing Address:**5830 VENETIAN BLVD
ST. PETERSBURG, FL 33703 US**FEI Number:** 27-2793490**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOSCO, PAOLO A
5830 VENETIAN BLVD
ST. PETERSBURG, FL 33703 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 CEO
Name BAMPOE, NANA
Address 15E KING HARMAN ROAD
BY BASS STREET 3, BROOKFIELDS
City-State-Zip: FREETOWN WESTERN AREA URBAN
NA

Title MANAGER
Name ADDO, PATRICK OTIBU
Address 15E KING HARMAN ROAD
BY BASS STREET 3, BROOKFIELDS
City-State-Zip: FREETOWN WESTERN AREA URBAN
NA

Title AUTHORIZED REPRESENTATIVE
Name REWAKA, OLIVER
Address 8304 SOUTH COURSE DRIVE
APARTMENT 310
City-State-Zip: HOUSTON FL 77072

Title AUTHORIZED MEMBER
Name DREAMPERFECT SOLUTIONS LTD
Address 15E KING HARMAN ROAD
BY BASS STREET 3, BROOKFIELDS
City-State-Zip: FREETOWN WESTERN AREA URBAN
NA

Title CFO
Name WURIE, FATIMA
Address 15E KING HARMAN ROAD
BY BASS STREET 3, BROOKFIELDS
City-State-Zip: FREETOWN WESTERN AREA URBAN
N/A

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: NANA BAMPOE

CEO

04/30/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date