# 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

SIGNATURE: BRIAN FALLS

MANAGER

DOCUMENT# L15000035943

## Entity Name: DREAM IMAGE PAINT AND CONSTRUCTION SERVICES LLC

## **Current Principal Place of Business:**

657 MARLENE DR OCOEE. FL 34761

## **Current Mailing Address:**

657 MARLENE DR OCOEE, FL 34761 US

## FEI Number: 47-3251777

## Name and Address of Current Registered Agent:

FALLS, BRIAN D 657 MARLENE DR OCOEE, FL 34761 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.

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

Title	OWNER OPERATER
Name	FALLS, BRIAN DOUGLAS
Address	657 MARLENE DR
City-State-Zip:	OCOEE FL 34761

that my name appears above, or on an attachment with all other like empowered. 02/24/2023 OWNER OPERATOR

Electronic Signature of Signing Authorized Person(s) Detail

Secretary of State 1159057650CR

FILED Feb 24, 2023

Certificate of Status Desired: Yes

02/24/2023 Date

Date

## 2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT