

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000189166

**Entity Name:** DREAM CONSULTING LLC

**Current Principal Place of Business:**

4709 VERNON DRIVE  
CONOVER, NC 28613

**Current Mailing Address:**

PO BOX 223  
NEWTON, NC 28658 US

**FEI Number:** 47-5552903

**Certificate of Status Desired:** No

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

SHELL, KELLY A  
420 NW 72 AVENUE  
PEMBROKE PINES, FL 33024 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  
Name SHELL, KELLY A  
Address 4709 VERNON DRIVE  
City-State-Zip: CONOVER NC 28613

*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:** KELLY SHELL

**OWNER**

**02/01/2023**

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

\_\_\_\_\_ Date