

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000232942

Entity Name: HOUSE OF DREAMZ LLC

Current Principal Place of Business:

1175 WATERVIEW RIDGE CIRCLE
APOPKA, FL 32703

Current Mailing Address:

1175 WATERVIEW RIDGE CIRCLE
APOPKA, FL 32703 US

FEI Number: 82-4556279

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FCS LLC
715 KEATON PARKWAY
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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name THOMPSON-MCCRARY, ERICA M
Address 1175 WATERVIEW RIDGE CIRCLE
City-State-Zip: APOPKA FL 32703

Title AP
Name ROSS, ANGELA R
Address 1175 WATERVIEW RIDGE CIRCLE
City-State-Zip: APOPKA FL 32703

Title AP
Name THOMPSON, BARBARA A
Address 1175 WATERVIEW RIDGE CIRCLE
City-State-Zip: APOPKA FL 32703

Title AP
Name CRUMITIE, JADIN B
Address 1175 WATERVIEW RIDGE CIRCLE
City-State-Zip: APOPKA FL 32703

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: BARBARA THOMPSON

MANAGER

04/20/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date