

**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