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.

MGR

SIGNATURE: GENEVIEVE CARVIL-HARRIS

Name	CARVIL-HARRIS, GENEVIEVE
Address	2045 ALI BABA AVE
City-State-Zip:	OPA-LOCKA FL 33054

MGR

Certificate of Status Desired: No

Current Principal Place of Business: 2045 ALI BABA AVE OPA-LOCKA, FL 33054

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: DREAM DEVELOPMENT CONSULTING, LLC

Current Mailing Address:

2045 ALI BABA AVE OPA-LOCKA, FL 33054 US

Authorized Person(s) Detail :

MGR

City-State-Zip: OPA-LOCKA FL 33054

BROWN, MYRA

2045 ALI BABA AVE

DOCUMENT# L18000128656

FEI Number: 83-0758110

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

BROWN, MYRA 2045 ALI BABA AVE OPA-LOCKA, FL 33054 US

SIGNATURE:

Title

Name

Address

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.

Title

Electronic Signature of Signing Authorized Person(s) Detail

09/21/2020

Date

Date