# 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L21000030087

#### Entity Name: DREAMDRESS LLC

## Current Principal Place of Business:

419 N FEDERAL HWY APT 409 HALLANDALE, FL 33009

# **Current Mailing Address:**

419 N FEDERAL HWY APT 409 HALLANDALE, FL 33009 US

# FEI Number: 61-1987596

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

KORENIAK, ANASTASIIA 419 N FEDERAL HWY APT 409 HALLANDALE, FL 33009 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

## Authorized Person(s) Detail :

| Authorized Person(s) Detail. |                 |                              |                 |                              |
|------------------------------|-----------------|------------------------------|-----------------|------------------------------|
|                              | Title           | AMBR                         | Title           | MGR                          |
|                              | Name            | KORENIAK, ANASTASIIA         | Name            | KORENIAK, ANASTASIIA         |
|                              | Address         | 419 N FEDERAL HWY<br>APT 409 | Address         | 419 N FEDERAL HWY<br>APT 409 |
|                              | City-State-Zip: | HALLANDALE FL 33009          | City-State-Zip: | HALLANDALE FL 33009          |

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: ANASTASIIA KORENIAK

AK

04/30/2024

Date

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date