

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000442330

**Entity Name:** DREAM COUNTERS LLC

**Current Principal Place of Business:**

5240 MADDIE DR  
HAINES CITY, FL 338447755

**Current Mailing Address:**

5240 MADDIE DR  
HAINES CITY, FL 338447755 US

**FEI Number:** 87-3076825

**Certificate of Status Desired:** No

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

SALINA, SILFREDO R  
5240 MADDIE DR  
HAINES CITY, FL 338447755 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            AMBR  
Name            SALINA, SILFREDO R  
Address        5240 MADDIE DR  
City-State-Zip: HAINES CITY FL 338447755

*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:** SILFREDO SALINA

**OWNER**

**04/28/2024**

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

\_\_\_\_\_ Date