

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000144350

**Entity Name:** OFFICIAL DREAMZ LLC

**Current Principal Place of Business:**

10205 PALERMO CIRCLE  
201  
TAMPA, FL 33619

**FILED**  
**Feb 23, 2023**  
**Secretary of State**  
**7174168611CC**

**Current Mailing Address:**

10205 PALERMO CIRCLE  
201  
TAMPA, FL 33619

**FEI Number: 88-1640239**

**Certificate of Status Desired: Yes**

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

YATES, AMANDA  
10205 PALERMO CIRCLE  
201  
TAMPA, FL 33619 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 YATES, AMANDA M  
Address 10205 PALERMO CIRCLE #201  
City-State-Zip: TAMPA FL 33619

Title MGR  
Name HESS, SYDNI N  
Address 10205 PALERMO CIRCLE #201  
City-State-Zip: TAMPA FL 33619

*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: AMANDA M YATES**

**MANAGER**

**02/23/2023**

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

\_\_\_\_\_  
Date