

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000151009

**Entity Name:** DREAM RELEASE CONSULTING, LLC

**Current Principal Place of Business:**

7901 4TH STREET NORTH  
SUITE 15636  
SAINT PETERSBURG, FL 33702

**Current Mailing Address:**

7901 4TH STREET NORTH  
SUITE 15636  
SAINT PETERSBURG, FL 33702 US

**FEI Number:** 92-1907282

**Certificate of Status Desired:** No

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

PRATCHER, TOMITCHELL C  
8427 CANDLEWOOD COVE TRAIL  
JACKSONVILLE, FL 32244 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 PRATCHER, CHRISTOPHER A  
Address 8427 CANDLEWOOD COVE TRAIL  
City-State-Zip: JACKSONVILLE FL 32244

Title AMBR  
Name PRATCHER, TOMITCHELL  
Address 8427 CANDLEWOOD COVE TRAIL  
City-State-Zip: JACKSONVILLE FL 32244

Title MGR  
Name LAWRENCE, RIAN  
Address 8427 CANDLEWOOD COVE TRAIL  
City-State-Zip: JACKSONVILLE FL 32244

*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:** TOMITCHELL PRATCHER

MGR

04/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date