

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000065857

**Entity Name:** DREAM FAMILY HOME CARE, LLC

**Current Principal Place of Business:**

15 W JEFFERSON STREET  
F  
QUINCY, FL 32351

**Current Mailing Address:**

PO BOX 52  
MIDWAY, FL 32343 US

**FEI Number:** 82-0938849

**Certificate of Status Desired:** No

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

MAXWELL, TANGELY D  
15 W. JEFFERSON STREET  
F  
QUINCY, FL 32351 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:** TANGELY MAXWELL

04/30/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED REPRESENTATIVE,  
DREAM FAMILY HOME CARE, LLC  
Name MAXWELL , TANGELY  
Address P.O. BOX 52  
City-State-Zip: MIDWAY FL 32343

Title PRESIDENT, DREAM FAMILY HOME  
CARE, LLC  
Name MAXWELL, TANGELY D  
Address P.O. BOX 52  
F  
City-State-Zip: MIDWAY FL 32343

*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:** TANGELY MAXWELL

PRESIDENT

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date