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FILED STATE OF STATE OF CORPORATIONS OF CORPORATIONS

## **COVER LETTER**

	stration Section sion of Corporations		
SUBJECT:	American Dreams Real	ty, LLC	
	(Name of Limi	ted Liability Company)	
The enclosed filing.	d member, managing member or	manager resignation and fee(s) are submitted f	for
Please return	all correspondence concerning t	this matter to:	
Christina	Inthavong Holmes		_ =
	(Contact Person)		OT AUG
American	Dreams Realty, LLC		of Aug 31
<u>-</u>	(Firm/Company)		- P
2727 NW	/ 43rd Street, Suite 2B		PH 1: 20
	(Address)		20
Gainesvi	lle, FL 32606		
	(City/State and Zip Code)		
For further i	nformation concerning this matte	er, please call:	
	Inthavong Holmes	at ( 352 ) 338-7505	
(1)	Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed pla		o the Florida Department of State for:	
	\$25 Filing Fee	\$55 Filing Fee &	
		Certified Copy	
STREET/C	OURIER ADDRESS:	<b>MAILING ADDRESS:</b>	
Registration		Registration Section	
	Corporations	Division of Corporations	
Clifton Buil		P.O. Box 6327	
	tive Center Circle , Florida 32301	Tallahassee, Florida 32314	

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as it erican Dreams Realty,	appears on the records of the Florid	la Department
2. This limited liab	ility company was organized u	nder the laws of:	OT AUG 31
3. The Florida doc <u>L0500000</u>	ument/registration number of th	is limited liability company is:	31 PH 1:20
<sub>4. I,</sub> Dale A. Ho	olmes	, hereby resign as a MGR	
· -	ame of Person Resigning)	, hereby resign as a	Title)
resignation in wr	iting.	imited liability company has been n	otified of my
Signature of Res Filing Fee: Certified Copy:	gning Member, Managing Mer \$25.00 (Required) \$30.00 (Optional)	nber or Manager	