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PICK-UP WAIT	MAIL	
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T. HAMPTON

SEP 2 4 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: American Dream Cra	
(Name of L	imited Liability Company)
The enclosed member, managing member filing.	or manager resignation and fee(s) are submitted for
Please return all correspondence concernir	ng this matter to:
Darin Diaz	
(Contact Person)	
American Dream Crafters LLC.	
(Firm/Company)	
12281 NW 29 Street	
(Address)	
Sunrise, Florida 33323	
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
Darin Diaz	at(_954) 643 6598
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$\sqrt{25}\$ Filing Fee	e to the Florida Department of State for: \$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee Florida 32301	

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 erican Dream Crafte		of the Florida Department
2. This limited liab	ility company was organized	l under the laws of:	
3. The Florida doc 	ument/registration number of	f this limited liability comp	pany is:
4. I, Cristina Diaz (Print Name of Person Resigning)		, hereby resign as a	Managing Member
·	bility company and affirm th	e limited liability company	,
On	2		
Signature of Res	gring Member, Managing N	1ember or Manager	날
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		O9 SEF

CR2E079 (5/06)