L08000074373

	(Requestor's Name)		
	(Address)		
	(Address)		
	(· · · · · · · · · · · · · · · · · · ·		
	(City/State/Zip/Phone #)		
	(City/State/Zip/Prione #)		
ė			
☐ BICK-LII	P · WAIT	MAIL MAIL	
		L 100 012	
	(Business Entity Name)		
	, ,		
(Document Number)			
	(2004,7,07,7,4,7,4,7,4,7,7,4,7,7,7,7,7,7,7		
0-46-4 0	0-4:6-4	C+-+	
Certified Copies	Certificates of	Status	
Special Instructions	to Filing Officer		
opecial instructions	s to 1 ming Officer.		
1			
		•	
1			
1			

Office Use Only



900144568359

02/27/09--01012--003 **25.00



S. HAWKES

MAR 2 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Dream Destinations LLC (Name of Limited Lia	hility Company)
The enclosed member, managing member or mana filing.	
Please return all correspondence concerning this m	atter to:
Doug Gosnall (Contlet Person)	
Dream Destruction (Firm/Company)	s, UC
3031 NE 25th	<u>St.</u>
Ff. Lauderdale, F. (City/State and Zip Code)	33305
For further information concerning this matter, plea	ase call:
(Name of Contact Person) at (A	703 , 798 - 8107, rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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 a am Destinations LLC	ppears on the records of the	: Florida Department
2. This limited liabi Florida	lity company was organized und	der the laws of:	
~	ment/registration number of this 080007437	• • •	is:
4. I, Yanely Cru	I Z ame of Person Resigning)	_, hereby resign as a Vice	President Particle
of this limited liab resignation in writ	ility company and affirm the linting.	nited liability company has	been notified of my
Signature of Resig	gruing Member, Managing Mem	ber or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		