L14000000018

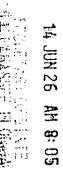
| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | idress) | |
| (Ac | ddress) | |
| (Cí | ty/State/Zip/Phone | ÷#) |
| PICK-UP | WAIT | MAIL |
| (Bı | isiness Entity Nan | ne) |
| (Dc | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



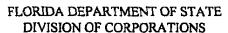
600261632736

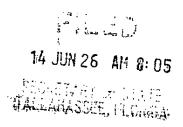
06/26/14--01015--010 **25.00



JUL 14 2014 C. CARROTHERS







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

(Pursuant to 605.0216, Florida Statutes)

| | ited liability company as it appears on the records of the Florida Department |
|--|---|
| of State is: Re | making the Dream - Credit Repair LLC. |
| 2. The Florida docume | nt/registration number assigned to this limited liability company is: |
| <u> L14000</u> | 000018 |
| 3. The date this member | er/manager withdrew/resigned or will withdraw/resign is: 4.13.2014 |
| 4.1, Kareen Me (Print Name | of Person Resigning), hereby withdraw/resign as a |
| MGR - Ma (Pri | naging Members |
| of this limited liabilit resignation in writing | cy company and affirm the limited liability company has been notified of my |
| Signature of Disso | ciating Member or Resigning Manager |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) |

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|--|--|
| SUBJECT: Remaking the Dream-Credit Repair (Name of Limited Liability Company) | | |
| The enclosed member, resignation or dissociation and fee(s) are submitted for filing. | | |
| Please return all correspondence concerning this matter to: | | |
| Brad Hertz (Contact Person) | | |
| Renaking the Dream (Firm/Company) | | |
| 8676 Griffin Road (Address) | | |
| Cooper City, PL 33326 (City/State and Zip Code) | | |
| For further information concerning this matter, please call: | | |
| Brad Hertz at (954) 252-0022 (Name of Contact Person) (Area Code & Daytime Telephone Number) | | |
| Enclosed please find a check made payable to the Florida Department of State for: \$\square\$ \$\\$55\$ Filing Fee & Certified Copy | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 | | |

CR2E079 (2/14)

Tallahassee, Florida 32301