

L19000150-758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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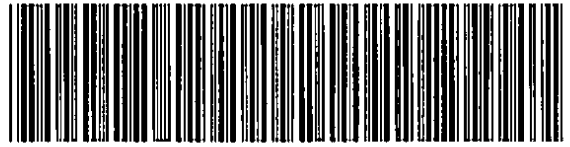
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APR 01 2020
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DEPARTMENT OF STATE
DIVISION OF CORPORATE
AFFAIRS
HASSELT, BELGIUM

2020 MAR 17 AM 8:09

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GARCIA DREAMS LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L19000150758

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANA GARCIA

Name of Person

Name of Firm/Company

7700 NW 163 Street

Address

Miami Lakes, Florida 33016

City/State and Zip Code

aquariusblgandcon@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANA GARCIA

Name of Person

at (786) 367-3425

Area Code . Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

ALFRED F. ANDREU, P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for GARCIA DREAMS LLC

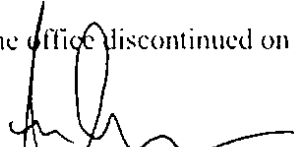
Name of Limited Liability Company

L19000150758

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

ALFRED F. ANDREU, ESQ.

Typed or Printed Name

PRESIDENT/OWNER

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

2020 MAR 17 AM 8:09

FILED

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314