

P94000022737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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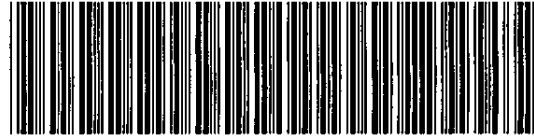
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ride and Dream, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P94000022737

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Silvia Fernandez  
(Name of Person)

Ride and Dream, Inc.  
(Name of Firm/Company)

590 SW 9<sup>th</sup> Terrace #516  
(Address)

Pompano Beach, FL 33069  
(City/State and Zip Code)

For further information concerning this matter, please call:

Christoph A. Metti at ( 954 ) 783-1603  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Barbara A. Sullivan, hereby resign as Sec. / Treas.  
(Title)

of Ride and Dream, Inc.  
(Name of Corporation)

P94000022737, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Barbara A. Sullivan  
(Signature of resigning officer/director)

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**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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(Document Number, if known)

Florida

Barbara A. Sullivan  
(Signature of resigning officer/director)

**FILED**  
06 OCT -5 PM 4:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
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P.O. Box 6327  
Tallahassee, Florida 32314