

L03000024/39

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

FILED

SUBJECT: PURPLE DREAM, LLC

(Name of Limited Liability Company)

DEC 27 P 2: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Resignation
The enclosed ~~Articles of Amendment~~ and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Santiago J. Padilla, Esq.

(Name of Person)

Law Offices of Santiago J. Padilla, P.A.

(Firm/Company)

1001 Brickell Bay Drive, Suite 1704

(Address)

Miami, Florida 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

Santiago J. Padilla, Esq.

(Name of Person)

at (305) 358-1949

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
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(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

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

RESIGNATION OF MANAGER/MANAGING MEMBER

FILED

I, CYNTHIA GUTTERIDGE, hereby resign as Member and Managing Member of PURPLE DREAM, LLC, a limited liability company organized under the laws of the State of Florida (Document # L03000024139), and affirm that the limited liability company has been duly notified in writing of the resignation.

Dated: 12-10-04


CYNTHIA GUTTERIDGE

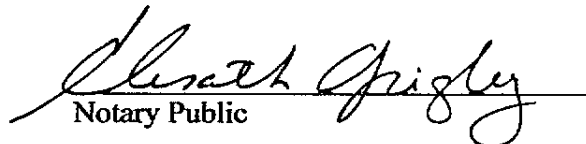
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NOTARY CERTIFICATION

STATE OF California }
COUNTY OF Orange } ss.

The foregoing instrument was executed before me this 10 day of December 2004 by CYNTHIA GUTTERIDGE who is personally known to me or who produced his/her driver's license as identification and acknowledged that he/she executed the same freely and voluntarily.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal on the day and year above written.


Notary Public

[Seal]

