L04000082947

(Requ	uestor's Name)		
(Addr	ress)		
· (Addi	ress)		
(City/	State/Zip/Phone	e #)	
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J. BRYAN
JUN - 8 2010

EXAMINER

COVER LETTER

Division of Corporations			
SUBJECT: DREAMTEAM LLC			
(Name of Li	imited Liability Company)		
The enclosed member, managing member filing.	or manager resignation and fee(s) are submitted for		
Please return all correspondence concerning	g this matter to:		
LONIE BUCHNER			
(Contact Person)			
INSIDERS, INC.	O JUN-7 PM 1:51		
(Firm/Company)			
1735 SOUTH CREEK DRIVE	THE REPORT OF THE PROPERTY OF		
(Address)	94. 5-		
OSPREY, FL 34229	104-		
(City/State and Zip Code)			
For further information concerning this ma	atter, please call:		
LONIE BUCHNER	at (941) 918-8000		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable	e to the Florida Department of State for: \$55 Filing Fee &		
\$25 Filing Fee	Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle	P.O. BOX 0327 Tallahassee Florida 32314		

CR2E079 (5/06)

Tallahassee, Florida 32301

TO: Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it ap of State is: DREAMTEAM LLC	opears on the records of the	ne Florida Department
2. This limited liability company was organized und FLORIDA	ler the laws of: -	B JUN-1 PH
3. The Florida document/registration number of this L04000082947	limited liability company	PH 1:51
4. I, NANCY J. BUCHNER (Print Name of Person Resigning)	, hereby resign as a MA	NAGER (Print Title)
of this limited liability company and affirm the lin resignation in writing.		(171m 1me)
7		
Signature of Resigning Member, Managing Member	per or Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)		