

L05000077637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

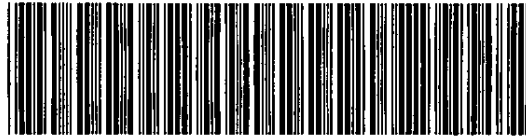
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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04/24/15--01024--013 \*\*25.00

FILED  
2015 MAY 14 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Cuttigan MAY 15 2015

KARINA TAILLADE

TELEPHONE NUMBERS:

305-887-5353 OR 305-796-2213

RETURN ADDRESS:

P.O. BOX 297647

PEMBROKE PINES, FLORIDA 33029-7647

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DISSOLUTION OF DREAMWORLD LLC  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KARINA TAILLADE  
(Name of Person)

DREAMWORLD LLC  
(Firm/Company)

18503 PINES BLVD. - SUITE 211  
(Address)

PEMBROKE PINES, FLORIDA 33029  
(City/State and Zip Code)

For further information concerning this matter, please call:

KARINA TAILLADE  
(Name of Person)

at ( 305 ) 887-5353  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution &  
Certified Copy (additional copy is enclosed)

### MAILING ADDRESS:

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

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

*See attached.*  
*thanks*

May 4, 2015

KARINA TAILLADE  
PO BOX 297647  
PEMBROKE PINES, FL 33029

SUBJECT: DREAMWORLD L.L.C.  
Ref. Number: L05000077637

RECEIVED  
15 MAY 14 PM 4:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for DREAMWORLD L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Dissolution was received on 04/24/15.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 315A00009117

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED  
2015 MAY 14 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

DREAMWORLD LLC

2. The Articles of Organization were filed on 08/05/2005 and assigned

document number LO5000077637

3. The delayed effective date the dissolution if not effective on the date of filing: April 30th 2015  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

CLOSED BUSINESS

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

  
Signature

KARINA TALLADE  
Printed Name

FILING FEE: \$25.00

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: DREAMWORLD LLC

Document number of Limited Liability Company is: L050000 77637

Date of dissolution was: April 30th 2015

Description of information that must be included in a written claim:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

P.O. BOX 287647  
PEMBROKE PINES  
FLORIDA 33029-7647  
\_\_\_\_\_

FILED  
2015 MAY 14 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

KARINA TRILLADE  
Printed Name of the Person Filing

[Signature]  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**