L060000031643

Requestor's Name)							
(Address)							
Address)							
City/State/Zip/Phone #)							
WAIT MAIL							
Business Entity Name)							
(Document Number)							
Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



600240339816

500240339816 10/08/12--01026--001 **25.00

12 OCT -8 AMII: 05

0CT - 9 2012 T. HAMPTON

COVER LETTER

TO:	_	tration Section ion of Corporations		
SUBJI	ECT:	Dream Finder Properties	LLC	
		(Name of Limited	Liability Cor	mpany)
The en filing.	closed	member, managing member or ma	anager resig	gnation and fee(s) are submitted for
Please	return	all correspondence concerning thi	s matter to:	
Gary	[,] Dar	ielson		
		(Contact Person)		-
Drea	m Fi	nder Properties LLC		_
		(Firm/Company)		-
1011	2 Ma	ignolia Bend		_
		(Address)		
Bonit	ta Sp	rings, FL. 34135		_
		(City/State and Zip Code)		_
For fur	ther ir	formation concerning this matter,	please call:	
Gary	Dan	ielson a	248	931-1200 & Daytime Telephone Number)
	(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclos	ed ple	ase find a check made payable to t		
		\$25 Filing Fee		\$55 Filing Fee &
				Certified Copy
STRE	ET/C	OURIER ADDRESS:		MAILING ADDRESS:
_		Section		Registration Section
		Corporations		Division of Corporations
Clifton		-		P.O. Box 6327 Tallahassee, Florida 32314
		ve Center Circle Florida 32301		i analiassee, i lottua 32317
i anan	,			•

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	e limited liability company as eam Finder Properties		of the Florida	Depar	tment
2. This limited lial Florida	pility company was organized	under the laws of:			
3. The Florida doc L0600003	ument/registration number of 1643	`this limited liability com	npany is:		
4. I, Andrew L	utkoff	, hereby resign as a	Manager		
(Print)	Name of Person Resigning)		(Print Tit	le)	
of this limited lia resignation in w	bility company and affirm the riting.	e limited liability compar	ny has been not	ified o	f my
$\sim 10^{\circ}$	fate 11				
Signature of Res	igning Member, Managing M	lember or Manager	manus apres.		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			12 OCT -	SECHETA