## L01000039483

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	•
(Cit	ty/State/Zip/Phon	e #)
	☐ WAIT	□ MAN!!
☐ PICK-UP	☐ WAII	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
•	Office Use On	lv



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TALLAHASSEE, FLORIDA

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Dream Maker Builders LLC	
(Name of Lin	nited Liability Company)
The enclosed member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Manuel Verdia	
(Contact Person)	
(Firm/Company)	<del></del>
P.O. Box 161558	
(Address)	<del></del>
Miami, Fl 33116	
(City/State and Zip Code)	
For further information concerning this matt	ter, please call:
Manuel Verdia	786 3991554
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	to the Florida Department of State for:  \$\square\$ \$\square\$ \$\square\$ \$\square\$ \$\text{Filing Fee & Certified Copy}\$
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton-Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314





## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department m Maker Builders LLC
2. The Florida docu L07000039483	ument/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 9/23/2014
4. I, Manuel Verd	
MGRM	
	(Print Title)
of this limited lial resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
W	mul Mes
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)