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SECRETARY OF STATE
OF AN I AMASSEE FLORID.

THE

COVER LETTER

TO: Registration Section				
Division of Corporations				
SUBJECT: American Dream Makers LLC				
(Name of Limited I	Liability Company)			
The enclosed member, managing member or mar filing.	nager resignation and fee(s) are submitted for			
Please return all correspondence concerning this	matter to:			
Micheal Schultz				
(Contact Person)				
American Dream Makers LLC				
(Firm/Company)				
1226.5 14th. St. N.				
(Address)				
Saint Petersburg, FL 33705				
(City/State and Zip Code)				
For further information concerning this matter, p	lease call:			
Micheal Schultz	(_727) 463-2274			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to th	e Florida Department of State for:			
\$25 Filing Fee				
	Certified Copy			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			
Tallahassee, Florida 32301	,			

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as erican Dream Maker		of the Florida Department
2. This limited liab Florida	ility company was organized	d under the laws of:	
	ument/registration number o	f this limited liability com	pany is:
4. I, Miche	ame of Person Resigning)	, hereby resign as a	MGRM (Print Title)
of this limited lial resignation in wri	pility company and affirm th	ne limited liability compan	y has been notified of my
N	2	2	
Signature of Resi	gning Member, Managing N	Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		