

LOT 000090290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

MAR 25 2010

EXAMINER



300172933553

03/24/10--01033--001 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR 24 AM 10:55

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VW Dreams LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Karim Amer
(Contact Person)

Corporation Service Company
(Firm/Company)

5473 4th Street
(Address)

St. Augustine, FL 32080
(City/State and Zip Code)

For further information concerning this matter, please call:

Katherine Grooms at (904) 859-9823
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 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

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: VW Dreams LLC

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
L07000090290

4. I, Karim Amer, hereby resign as a MGMR
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Resigning Member, Managing Member or Manager

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAR 24 AM 10:55

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)