07000102459

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Frances Casey Lowe, P.A. ~ Attorney at Law ~

3042 Crawfordville Highway Crawfordville, Florida 32327 Telephone (850) 926-8245 Facsimile (850) 926-2396

> March 24, 2009 Via/US Mail

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

RE: But A Dream, LLC

To Whom It May Concern:

Enclosed please find the following documents:

- Resignation of Registered Agent (Mary Lee Thompson);
- Resignation of Member (Mary Lee Thompson);
- Articles of Amendment; and
- A check (No. 3917) in the amount of \$195.00 for the filing fee and expense of one certified copy per resignation of member and amendment.

If you have any questions regarding this matter, please feel free to contact me at 926-8245.

Very truly yours,

Shelly Powell

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: But A Dream, LLC

(Name of Limited Liability Company)

DOCUMENT NUMBER: L07000102459

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frances Casey Lowe
(Name of Person)

Frances Casey Lowe, P.A.
(Name of Firm/Company)

3042 Crawfordville Highway

(Address)

Crawfordville, FL 32327

(City/State and Zip Code)

For further information concerning this matter, please call:

Frances Casey Lowe
(Name of Person)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, FI	orida Statutes, the undersigned,
Mary Lee Thompson	, hereby resigns as
(Name of Registered Agent)	, , , , , , , , , , , , , , , , , , ,
Registered Agent for But A Dream, LLC	
(Name of Limited Liability Comp	pany)
L07000102459	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed limite	
The agency is terminated and the office discontinued on the 31	st day after the date on which into statement is filed.
Mary Lea The (Signature of Resignature of Resignature)	
If signing on behalf of an entity:	OF STATE
(Typed or Printed Nam	ne) Dr.
(Capacity)	

\$85.00 Active limited liability company
\$25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314