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(Requestor's Name)				
(Address)				
(Address)				
(6) (6) (7)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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SECRETARY OF STATE

T. HAMPTON

DEC -4 2008

EXAMINER

COVER LETTER

_	istration Section ision of Corporations	
SUBJECT	ENDLESS DREAMS LLC (Name of Limited Liability Cor	mount)
The enclose filing.	ed member, managing member or manager resig	
Please retur	m all correspondence concerning this matter to:	
LARRY	B SHERROUSE (Contact Person)	_
ENDLES	SS DREAMS LLC (Firm/Company)	_
355 KEN	NT ROAD	323: ;
	(Address)	iens
LAKELA	ND, FLORIDA, 33809 (City/State and Zip Code)	- '
For further	information concerning this matter, please call:	
	B SHERROUSE at (863 Name of Contact Person) (Area Code) 559-5146 & Daytime Telephone Number)
Enclosed p	lease find a check made payable to the Florida I \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy
Registratio Division of Clifton Bui 2661 Execu	Corporations Iding Itive Center Circle c, 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

	limited liability company as i		s of the Florida Department
2. This limited liabi	lity company was organized	under the laws of:	
3. The Florida docu 	ment/registration number of	this limited liability con	mpany is:
(Print No	'M SHERROUSE came of Person Resigning) collity company and affirm the ting.	, hereby resign as a limited liability compa	(Print Title)
Signature of Resi	M. Muyou gning Member, Managing Me	ember or Manager	
-	\$25.00 (Required) \$30.00 (Optional)	·	0.8.01 0.8.01 0.8.01 0.8.01 0.8.01 0.8.01 0.8.01 0.8.01 0.8.01 0.8.01 0.8.01 0.8.01 0.8.01