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T. HAMPTON



COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: JDM Dream. (Name of Limite	S L L C d Liability Company)			
The enclosed member, managing member or n filing.	nanager resignation and fee(s) are submitted for			
Please return all correspondence concerning th	is matter to:			
GASPERE LOGAGIO	•			
(Firm/Company)				
1981 SAN MAYCORO (Address)	<u>d</u>			
1981 SAN MAYCORO (Address) MAYCO 18/awd, FL (City/State and Zip Code)	34145			
For further information concerning this matter,	please call:			
GAS Pere Lo GAY 110 a (Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to				
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327			
2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314			
	* ~ 1100000000 1 101100 72717			

Tallahassee, Florida 32301

CR2E079 (5/06)



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 of State is:	limited liability compan	y as it appears on the		rida Departmo	ent
2. This limited liab	lity company was organ	ized under the laws or	f:		
L090	ument/registration number 10000 2-773	•			
	ame of Person Resigning bility company and affirm				
resignation in wri	Zelloge	Ko-			
Filing Fee:	gning Member, Marfagii \$25.00 (Required)	ng Memoer of Manago	or .	=	JSEC DIVISI
Certified Copy:	\$30.00 (Optional)			MAY -2 PI	FILED RETARY OF ON OF COR

CR2E079 (5/06)