

L09000029040

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 DEC 29 PM 4:07

FILED

K. SALY  
EXAMINER  
DEC 31 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Dreamstaker LLC  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tara Kimbel

(Name of Person)

Dreamstaker LLC

(Firm/Company)

1435 SE 73rd Place

(Address)

Ocala, FL 34480

(City/State and Zip Code)

For further information concerning this matter, please call:

Tara Kimbel

(Name of Person)

at ( 352 ) 694-4577

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &  
Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**

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

**STREET/COURIER ADDRESS:**

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

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

FILED  
2015 DEC 29 PM 4:07  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Dreamstaker LLC

2. The Articles of Organization were filed on 03/23/2009 and assigned

document number L09000029040

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

There has been no business activity in this partnership for a few years.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Tara Kimbel

1435 SE 73rd Place

Ocala, FL 34480

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:



Signature

Tara Kimbel

Printed Name

**FILING FEE: \$25.00**