

LD9000069544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MALIBU 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:

FLAVIO A. CRESPO

(Contact Person)

MALIBU DREAMS, LLC

(Firm/Company)

15281 WILSHIRE CIR. S

(Address)

PEMBROKE PINES, FL 33027

(City/State and Zip Code)

For further information concerning this matter, please call:

FLAVIO CRESPO at ( 305 ) 389-8869  
(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

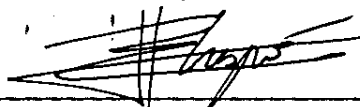


FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

**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: MALIBU 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:  
L09000069544
4. I, ALBERTO. E CRESPO, hereby resign as a MGRM  
(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

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