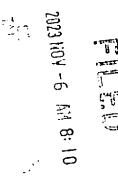


(Requestor's Name)
(Address)
,
(4)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Littly Name)
(Document Number)
Certified Copies Certificates of Status
·
Special Instructions to Filing Officer:
Lingik
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11/95/23--01918--018 **25.00



COVER LETTER .

TO: Registration Section Division of Corporations	
Dream Hugs, LLC SUBJECT:	
	of Limited Liability Company)
The enclosed member, resignation or di	issociation and fee(s) are submitted for filing.
Please return all correspondence concer	rning this matter to:
Elizabeth Truong	
(Contact Person)	
Dream Hugs, LLC	
(Firm/Company)	
524 Overlook Drive	
(Address)	
North Palm Beach, FL 33408	
(City/State and Zip Code)	
For further information concerning this	matter, please call:
Elizabeth Truong	561 951-3290 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made pays	able to the Florida Department of State for:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the of State is: Drea		s it appears on the records of the	he Florida Department
2. The Florida doc	ument/registration number as	ssigned to this limited liability	company is:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign	1/1/2023
Incanh DiMara		, hereby withdraw/resign	
Manager			
	(Print Title)		
of this limited lia resignation in w		he limited liability company ha	as been notified of my
JARSEY	issociating Member or Resig		2023 NOV
Signature of D	issociating Member or Resig	ınıng Manager	9
	\$25.00 (Required) \$30.00 (Optional)		