

L110000073500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

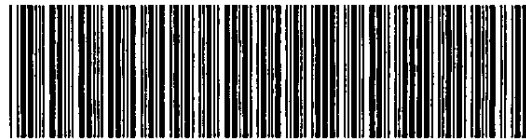
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT

OCT 11 2016

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Dream Yacht Sales, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Meagan O. Cooper, Esq.

Name of Person

Kagan Law Group, LLC

Firm/Company

15 School Street, Third Floor

Address

Annapolis, MD 21401

City/State and Zip Code

cooper@kaganlawgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Meagan O. Cooper

at ( 410 ) 216-7900

Name of Person

Area Code Daytime Telephone Number

**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

CR2E141 (2/14)

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TALLAHASSEE, FLORIDA

**STATEMENT OF TERMINATION**

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

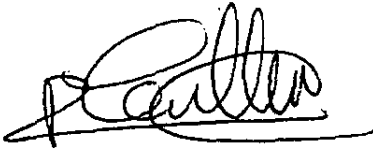
**FIRST:** The name of the limited liability company is: Dream Yacht Sales, LLC

**SECOND:** The Florida Document number of the limited liability company is: L11000073500

**THIRD:** The date of filing of the initial articles of organization is: June 24, 2011

**FOURTH:** The date of filing of the dissolution is: September 30, 2016

**FIFTH:** This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.



Signature of Authorized Representative

Romuald Caillaud

Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

CR2E141 (2/14)

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