

L1300000TT6

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

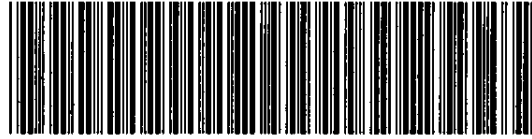
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RETURNED CHECK

03/08/16--01027--018 **60.00

02/22/16--01010--010 **25.00

2016 MAR -7 P 4:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

MAR 08 2016
BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 23, 2016

00RITZA LOPEZ
7201 NW 79 TERR
MEDLEY, FL 33166

SUBJECT: DREAM TEAM INVESTMENTS LLC
Ref. Number: L13000007766

We have received your document for DREAM TEAM INVESTMENTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee for filing a registered agent's statement of resignation from an active limited liability company is \$85. Therefore, there is a balance due of \$60.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 016A000007721

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2016 MAR -7 P 4:55
DIVISION OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2016 MAR -4 PM 3:28
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DREAM TEAM INVESTMENTS LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L13000007766

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

YARITZA LOPEZ

Name of Person

DREAM TEAM INVESTMENTS LLC

Name of Firm/Company

7201 NW 79 TERR

Address

MEDLEY, FL 33166

City/State and Zip Code

YCRESPO@DTIREALTY.COM

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

For further information concerning this matter, please call:

YARITZA LOPEZ

Name of Person

at (305) 499-9888

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

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

FILED
2016 MAR -7 P 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FILING CANCELLED
RETURNED CHECK**

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

YARITZA LOPEZ

Name of Registered Agent

, hereby resigns as

Registered Agent for

DREAM TEAM INVESTMENTS LLC

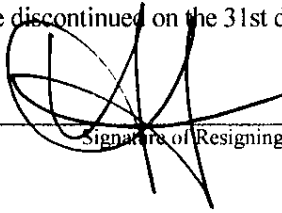
Name of Limited Liability Company

L13000007766

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

YARITZA LOPEZ

Typed or Printed Name

MANAGER

Capacity

FILED
2016 MAR - 7 P 4: 55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314