## 43000/25492

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## **COVER LETTER**

TO: Registration Section
Division of Corporations
Division of Corporations  SUBJECT:     DREAMS   Real LLC     (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Contact Person)
Dreams RReal dba The Legent of Real Estate (Firm/Company)
1736 3 <sup>pd</sup> 54.5.
Joeksmille Beach, Fl 32250 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (404), 703–7653 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee
Mailing Address: Street Address:
Registration Section Registration Section
Division of Corporations P.O. Box 6327  Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

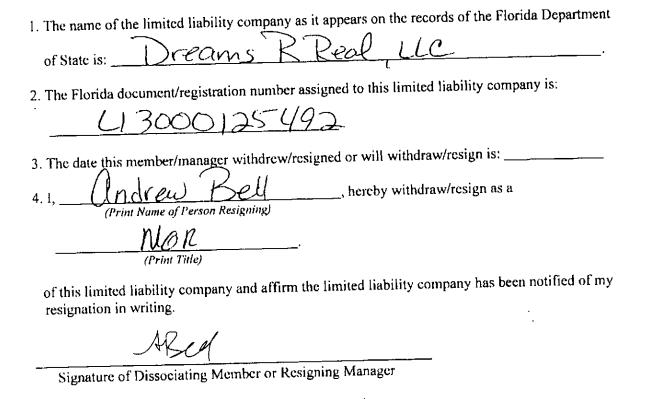
Tallahassee, FL 32314



## 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)



\$25.00 (Required)

\$30.00 (Optional)

Filing Fce:

Certified Copy: