

LI 000099524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

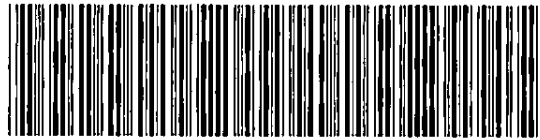
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
APR 18 2024
FBI - MEMPHIS

S. HUNT

04/16/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEYOND DREAMS LLC.
Name of Limited Liability Company

DOCUMENT NUMBER: L 1400099524

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:

ALEJANDRO SANCHIDRIAN
Name of Person

BEYOND DREAMS LLC
Name of Firm/Company

798 NE 70 ST
Address

MIAMI FL, 33138
City/State and Zip Code

O. HAWDALLAH@BEYOND-DREAMS.US
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEJANDRO SANCHIDRIAN at (786) 543 34 68
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

ALEJANDRO SANCHIDRIAN

Name of Registered Agent

, hereby resigns as

Registered Agent for BEYOND DREAMS LLC

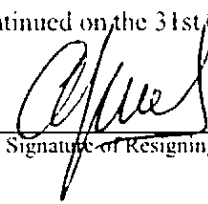
Name of Limited Liability Company

L 14 0000 995 24

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:

Typed or Printed Name

Capacity

FILED
JAN 16 AM 6:43
TALLAHASSEE, FL

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