

LIS 0000 07547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

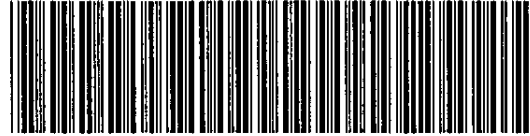
(Business Entity Name)

(Document Number)

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15 AUG 24 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 25 2015

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DREAM MAKER PROPERTIES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT J NICKERAUER

Name of Person

DREAM MAKER PROPERTIES LLC

Firm/Company

9305 LAUREL LEDGE DR

Address

RIVERVIEW, FL 33569

City/State and Zip Code

JBDESK@SUNSETACCOUNTING.NET

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

For further information concerning this matter, please call:

ROBERT J NICKERAUER

727 224-1091
at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JESSE BENNETT	3321 S SALFORD BLVD	<input type="checkbox"/> Add
		NORTH PORT, FL 34286	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GRETCHEN BENNETT	3321 S SALFORD BLVD	<input type="checkbox"/> Add
		NORTH PORT, FL 34286	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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15 AUG 24 AM
SECTION OF
MAIL ASSISTANT

15 AUG 24 AM 10:52
 DIRECTOR OF CIA
 MR. ARTHUR W. LEROY

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated: 8-20, 2015

Signature of a member or authorized representative of a member

Robert Nickerauer, Jr.
Typed or printed name of signee