

L1600007497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

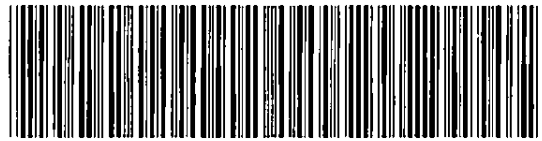
(Business Entity Name)

(Document Number)

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

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FILED  
2024 APR -8 PM 2:57  
SECRETARY OF STATE  
TALLAHASSEE, FL

Maine Dreams, LLC  
c/o Vera Pam Davis  
6521 Alan-A-Dale Trail  
Tallahassee, FL 32309

March 2, 2024

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

SUBJECT: MAINE DREAMS, LLC  
FL Document #: L16000067497

The enclosed member dissociation / manager resignation and applicable fee(s) are submitted for filing

Please return all correspondence concerning this matter to:

Vera Pam Davis  
Maine Dreams, LLC  
6521 Alan-A-Dale Trail  
Tallahassee, FL 32309

For further information concerning this matter, please call:

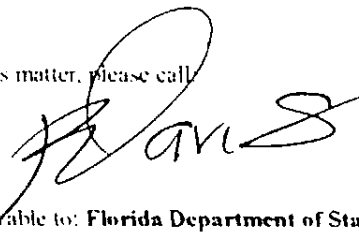
Vera Pam Davis at (850) 251-0451

Enclosed please find a check made payable to: **Florida Department of State** for:

X \$25 Filing Fee

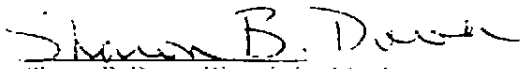
\_\_\_\_\_ \$55 Filing Fee & Certified Copy

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RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314



**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER  
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY  
(Pursuant to 605.0216, Florida Statutes)**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: **MAINE DREAMS, LLC.**
2. The Florida document/registration number assigned to this limited liability company is: **L16000067497.**
3. The date the below identified member/manager withdrew/resigned or will withdraw/resign is: **April 1, 2024.**
4. I, Sharon B. Dover, hereby withdraw/resign as a MEMBER and MANAGER of Maine Dreams, LLC, and I affirm Maine Dreams, LLC has been notified of my resignation in writing.



Sharon B. Dover, Dissociating Member  
and Resigning Manager of Maine

Dreams, LLC, a Florida limited liability company

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SECRETARY OF STATE  
TALLAHASSEE, FL