h16000/63111

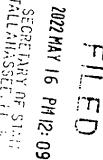
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
LHODUE			
J. HORNE			
JUL 2 0 2022			

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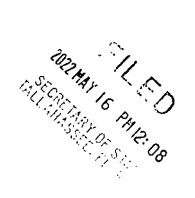
COVER LETTER

Division of Corporations DREAMS INTERNATIONAL LLC SUBJECT: (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: AHMED ANTAR (Contact Person) (Firm/Company) 601 NE 2ND PL (Address) **DANIA, FL 33004** (City/State and Zip Code) For further information concerning this matter, please call: AHMED ANTAR (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: **■** \$25 Filing Fee □ \$55 Filing Fee & Certified Copy **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

Registration Section





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)

	limited liability company as it ap	pears on the records of the Florida Department
2. The Florida docu	ament/registration number assign	ed to this limited liability company is:
3. The date this mer	mber/manager withdrew/resigned	or will withdraw/resign is: 4/27/2022
4. I, AHMED ANTAR (Print Name of Person Resigning)		
MANAGER	y v v v v v v v v v v v v v v v v v v v	
	Print Title)	
of this limited liab resignation in wri		ited liability company has been notified of my
	A. Antar	
Signature of Dis	ssociating Member or Resigning	Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	