

L17000 128 120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

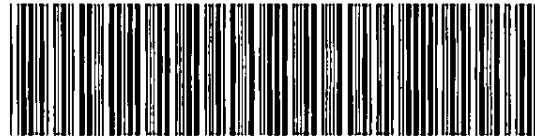
(Business Entity Name)

(Document Number)

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

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08/30/19--01019--029 \*\*25.00

SEP 11 2019  
S. YOUNG

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19 AUG 30 AM 11:17  
CLERK OF COURT  
JULIA A. LEE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WATER DREAM 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:

STEPHEN PAULK  
(Contact Person)

(Firm/Company)

132 TWELVE OAKS LN.  
(Address)

PONTE VEDRA BEACH, FL. 32082  
(City/State and Zip Code)

For further information concerning this matter, please call:

STEPHEN PAULK at ( 904 ) 446-7998  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:  
☒ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: WATER DREAM LLC

2. The Florida document/registration number assigned to this limited liability company is:

L17000128120

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08-21-2019

4. I, STEPHEN PAULK, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MGR  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

19 AUG 30 AM 6:17  
FILED  
CLERK OF THE COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA