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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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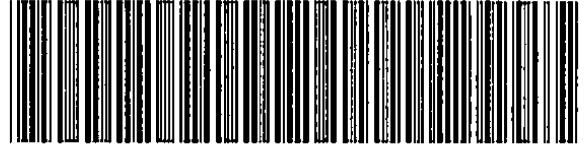
(Business Entity Name)

(Document Number)

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NOV 29 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dream Surface, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L19000207814

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:

Lisa Fleck

Name of Person

Dream Surface, LLC

Name of Firm/Company

30945 Avenue A, Unit A

Address

Big Pine Key, Florida 33043

City/State and Zip Code

Create@dreamsurface.com

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

For further information concerning this matter, please call:

Lisa Fleck

Name of Person

at (724) 462-4713

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Lisa Fleck

, hereby resigns as

Name of Registered Agent

Registered Agent for Dream Surface, LLC

Name of Limited Liability Company

L19000207814

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:

Lisa Fleck

Typed or Printed Name

CEO

Capacity

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

INHS17 (2/14)

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