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COVER LETTER

TO:	Registration Section			
	Division of Corporations			
SUBJ	ECT:DREAM EART	TH BOWLS, LLC		
Name of Limited Liability Company				
Dear S	Sir or Madam:			
The e	nclosed Statement of Termination	and fee(s) are submitted for filing.		
Please	e return all correspondence conce	rning this matter to the following:		
Steven	K. Teuber, Esq.			
	Name of Person			
Teuber	Law, PLLC			
	Firm/Company			
P.O. B	ox 49885			
	Address			
Saraso	ta, Florida 34230			
	City/State and Zip Code			
STeub	er@Teuberlaw.com			
E-ma	ail address: (to be used for future	annual report notification)		
For fu	orther information concerning this	matter, please call:		
Steven	K. Teuber, Esq.	at (239) 288-4210 Area Code Daytime Telephone Number		
	Name of Person	Area Code Daytime Telephone Number		
	Mailing Address:	Street Address:		
	Registration Section	Registration Section		
	Division of Corporations	Division of Corporations The Centre of Tallahassee		
	P.O. Box 6327	ine Centre of Tahanassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Sta	tutes, I hereby submit the following Statement of Termination:			
FIRST: The name of the limited liability company is: DREAM EARTH BOWLS, LLC				
SECOND: The Florida Document number	of the limited liability company is:			
THIRD: The date of filing of the initial arti	icles of organization is: AUGUST 20, 2019			
FOURTH: The date of filing of the dissolu	tion is: JUNE 5, 2021			
FIFTH: This limited liability company has that it will file a statement of termination.	completed winding up its activities and affairs and has determined			
AHAAA	Steven K. Teuber, Esq. (FBN #14790)			
Signature of Authorized Representative	Typed or printed name of signature			
Certi	Filing Fee: \$25.00 Filing Fee: \$30.00 (optional)			

CR2E141 (2/14)