## 12000066142

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
<u></u>				
Special Instructions to Filing Officer:				

Office Use Only



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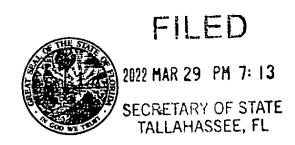
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2022 MAR 29 PM 7: 13
SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS APR 0 8 2022

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	ECT: DREAM CITY EVE (Name of Limited	ENT CENTER  Liability Company)
The er	nclosed member, resignation or dissociati	on and fee(s) are submitted for filing.
Please	return all correspondence concerning thi	s matter to:
	Prari Belmosa (Contact Person)	
<u>D</u>	ream City Event Center (Firm/Company)	
639	67 West Colonial Drive (Address)	
Orl	(City/State and Zip Code)	
For fu	rther information concerning this matter,	please call:
	) <u>man</u> a	( 407 ) 733 - 6262 (Area Code & Daytime Telephone Number)
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
	sed please find a check made payable to t  5 Filing Fee  [	he Florida Department of State for:  ☐ \$55 Filing Fee & Certified Copy
	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



## 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 l	imited liability compa	ny as it ap	pears on the records of the Florida Department
of State is:	DREAM CITY	EVENT	CENTER
2. The Florida docur	ment/registration numl	ber assigne	ed to this limited liability company is:
_L2000006	6142		
3. The date this men	nber/manager withdrev	w/resigned	or will withdraw/resign is: $\frac{0.3/6.7/202.2}{}$
4. I. Brianna (Print Na	Mûlters me of Person Resigning)		hereby withdraw/resign as a
TRASLUT	Print Title)	<u></u> .	
of this limited liab resignation in writ		rm the lim	ited liability company has been notified of my
2			
Signature of Dis	sociating Member or F	Resigning	Manager
_	\$25.00 (Required) \$30.00 (Optional)		