

120000066142

(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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SECRETARY OF STATE  
TALLAHASSEE, FL

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APR 08 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DREAM CITY EVENT CENTER  
(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:

Omar Belmosa  
(Contact Person)

Dream City Event Center  
(Firm/Company)

6387 West Colonial Drive  
(Address)

Orlando, FL 32818  
(City/State and Zip Code)

For further information concerning this matter, please call:

Omar at ( 407 ) 733 - 6262  
(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

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

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2022 MAR 29 PM 7:13

SECRETARY OF STATE  
TALLAHASSEE, FL

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: DREAM CITY EVENT CENTER

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

L20000066142

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 03/07/2022

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

Treasurer  
(Print Title)

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

A handwritten signature in black ink, appearing to be "Brianna Walters", written over a horizontal line.

Signature of Dissociating Member or Resigning Manager

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