

220000160644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200347278732

07/08/20--01018--002 \*\*55.00

FILED  
2020 JUL -8 AM 7:13  
SECRETARY OF STATE  
TALLAHASSEE, FL

D. BRUCE  
AUG 20 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A HUSTLERS 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:

ALEXIA WILLIAMS

(Contact Person)

A HUSTLER'S DREAM

(Firm/Company)

7028 DOREEN ST.

(Address)

TPA. FL., 33617

(City/State and Zip Code)

For further information concerning this matter, please call:

ALEXIA WILLIAMS

(Name of Contact Person)

at ( 813 )

453-3880

(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

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 JUL -8 AM 7:13

FILED



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: A HUSTLERS DREAM LLC.

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

L200001601644

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07/01/2020

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

MANAGER  
(Print Title)

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

[Signature]  
Signature of Dissociating Member or Resigning Manager

FILED  
2020 JUL -8 AM 7:13  
CLERK OF STATE  
TALLAHASSEE, FL

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