0376277

(Requestor's Name)
(Address)
(Address)
(1.001033)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Excement Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
-

Office Use Only



600359845036

02/22/21--01045--011 **55.00

APR 07 2021 R. HUNT

COVER LETTER

TO: Registration Section Division of Corporations	
Far Eastern Dream Rentals LLC	
SUBJECT:	11:485.0
(Name of Limited	d Liability Company)
The enclosed member, resignation or dissociati	on and fee(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to:
Ronald E. Peck	
(Contact Person)	
Far Eastern Dream Rentals LLC	
(Firm/Company)	
1501 Wexford Dr N	
(Address)	
Palm Harbor FL. 34683	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Ronald E. Peck	727 366-4836
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t	he Florida Department of State for:
□ \$25 Filing Fee	■ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite \$10
	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)

	e limited liability company as Eastern Dream Rentals	s it appears on the records of the Florida Depa	rtment
of State is:			
2. The Florida doc L2000037627	-	assigned to this limited liability company is:	
 		 12/311/202	20
 The date this me Hiromi Peck 	ember/manager withdrew/res	signed or will withdraw/resign is:	<u> </u>
4. I,(Print) AMBR	Name of Person Resigning)	, hereby withdraw/resign as a	
	(Print Title)		
of this limited lia resignation in wi		he limited liability company has been notified	of my
	ier Du		_2#2:
	issociating Member or Resig	gning Manager	2021-FEB-2-2-
Filing Fee:	\$25.00 (Required)		2—p
Certified Copy:	\$30.00 (Optional)		本 5



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)

	a to Till 1 Decorption	ant
Far Easte	nited liability company as it appears on the records of the Florida Department of the Plorida De	::IIC
of State is:		
	ent/registration number assigned to this limited liability company is:	
		L.
		l
3. The date this meml	ber/manager withdrew/resigned or will withdraw/resign is:	
	hereby withdraw/resign as a	
(Print Nan	ne of Person Resigning)	1
AMBR		
	rint Title)	ļ
of this limited liabi	lity company and affirm the limited liability company has been notified of	my
resignation in writi	ng.	
		1
Chic	x Rv	
Signature of Dis	sociating Member or Resigning Manager	2021
		1-7
	\$25.00 (Paguired)	83
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	22
Certified Copy:	\$30.00 (Optionar)	•