121000021596

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Dream Catch HER (Name of Limit	Logistics LLC cd Liability Company)
The enclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to:
Tokesia Jackson (Contact Person)	
Dream Catch HER Logistics (Firm/Company)	UC
225 N. Pace Blud Suite (Address)	530
Pensch (old FL 32505 (City/State and Zip Code)	
For further information concerning this matte	r, please call:
Detria Harris (Name of Contact Person)	at (450) 331-1847 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ☐ \$25 Filing Fee	the 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

CR2E079 (2/14)



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: D(8	eam Catch HER Logistics LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L210000	21596
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: $\frac{1/31/2021}{}$
4.1. Kevin (Print No.	hereby withdraw/resign as a me of Person Resigning)
Authorize	d Representative.
of this limited liab resignation in wri	pility company and affirm the limited liability company has been notified of my ting.
- Dem	Jack
Signature of Di	speciating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)