

L2100000 44956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

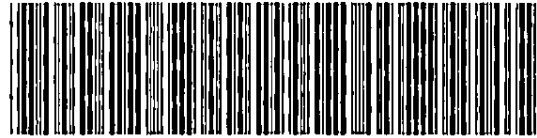
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/11/21--01011--005 **35.00

FILED
2021 SEP -7 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FL



2021 SEP -7 AM 10:56

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2021

OCTORYIA ROBINSON
6520 BRIDGECREST DR
LITHIA, FL 33547

SUBJECT: DREAM THAT BIG PUBLISHING, LLC
Ref. Number: L21000044956

We have received your document for DREAM THAT BIG PUBLISHING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Brumbley
Regulatory Specialist II

Letter Number: 121A00020239

COVER LETTER

TO: Registration Section
Division of Corporations

DREAM THAT BIG PUBLISHING, LLC

SUBJECT: _____
(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:

OCTORYIA ROBINSON

(Contact Person)

DREAM THAT BIG PUBLISHING, LLC

(Firm/Company)

6520 BRIDGECREST DRIVE

(Address)

LITHIA, FL 33547

(City/State and Zip Code)

For further information concerning this matter, please call:

OCTORYIA ROBINSON

813

614-7150

(Name of Contact Person)

at (_____) _____
(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



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
DREAM THAT BIG PUBLISHING, LLC
of State is: _____

2. The Florida document/registration number assigned to this limited liability company is:
L21000044956

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/01/2021
ELIEZER GONZALEZ,

4. I, _____, hereby withdraw/resign as a
(Print Name of Person Resigning)
AP (CO-OWNER)

(Print Title)

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

DocuSigned by:

ELIEZER GONZALEZ 7/1/2021

Signature of Dissociating Member or Resigning Manager

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

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TALLAHASSEE, FL