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to: Division of Corporations : (850)617-6383 Fax Number W. Scott Tumbull, Esquire From: Account Name : CRARY, BUCHANAN, BOWDISH, FT AL Account Number : 076424001425 Phone (772)233-4682 Fax Number : (772)223-4378 **Enter the email address for this business entity to be used for future 21122 11:23 - 1 annual report mailings. Enter only one email address please.** Fmail Address: tumbull@crarybuchanan.com LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1 FII 5: 14 T1 DREAMWAY SERVICES PLUS LLC 0 Certificate of Status 11 0 Cettilied Copy 02 ł Page Count \$2.5.00 Estimated Charge ł 05 ö Т. Т. 2022 HAA - 1 Corporate Filing Menu Help Electronic Filing Menu 11111

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2022 FILED 2022 MAR -1 PH 5: 14 ALLAMASSET FLORID,

FLORIDA DEPARIMENT 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 DREAMWAY SERVICES PLUS LLC

2. The Florida document/registration number assigned to this limited liability company is: L21000248767

3. The date this member/manager withdrew/resigned or will withdraw/resign is: ______date of filing

Brenden J. Tillman 4. I,

, hereby withdraw/resign as a

(Print Name of Person Resigning)

Member / Manager

(Print Title)

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

Brenden (). Tillman Signature of Dissociating Member or Resigning Manager

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

CR2E079 (2/14)