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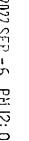
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

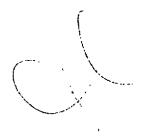
Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
AMERICAN DREAM N FL REALTY. SUBJECT:	LLC
	ed Liability Company)
The enclosed member, resignation or dissociati	ion and fee(s) are submitted for filing.
Please return all correspondence concerning this	iis matter to:
Ray Curtis	
(Contact Person)	
The Curtis Law Firm, P.A.	
(Firm/Company)	
103 N. Jefferson Street	2022 SEP -6
(Address)	m m
Perry, FL 32347	-6
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Ray Curtis	850 584-5299 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t \$\Boxed{\omega}\$ \$25 Filing Fee \$\Omega\$	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)

	ed liability company as it ap N DREAM N FL REALTY, LLC	opears on the records of the Florida De	epartme	ent
		ed to this limited liability company is	:	
3. The date this member.	/manager withdrew/resigned	d or will withdraw/resign is:		_
4. I. Christopher A. Russell		_ hereby withdraw/resign as a		
Manager	· · · · · · · · · · · · · · · · · · ·			
(Print	Title)			
resignation in writing.	company and affirm the lin	nited liability company has been notifi	26/2 SEP -6	ny S
	ating Member or Resigning	Manager	PH 12: 0	J
Filing Fee: \$2 Certified Copy: \$3			01	