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SECRETARY OF SIGNE

COVER LETTER

TO:		ation Section n of Corporations	
		a. co.poranono	
SUBJ	ECT:	DREAMCATCHER PARTNE	RS LLC
	_	(Name c	f Limited Liability Company)
The en	nclosed n	nember, resignation or di	ssociation and fee(s) are submitted for filing.
Please	return a	Il correspondence concer	ning this matter to:
		RICARDO LACAU	
		(Contact Person)	
		(Fim/Company)	_
		9315 SW 70 AV	
		(Address)	
		PINECREST , FL, 33156	
		(City/State and Zip Code)	
For fu	rther info	rmation concerning this	matter, please call:
	NIC	OLETTA SACCHETTI	at (305.) 3039210
<u>-</u>	(Nam	e of Contact Person)	(Area Code & Daytime Telephone Number)
Enclos	ed please Filing F	e find a check made paya	ble to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
	Division P.O. Box	tion Section of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
			Tallahassee, FL 32303

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SECRETARY OF STATE

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)

	limited liability company as it appears on the records of the Florida Department DREAMCATCHER PARTNERS LLC
2. The Florida doct	ument/registration number assigned to this limited liability company is:
5:0.000	mber/manager withdrew/resigned or will withdraw/resign is:
MANAGER	
	Print Title)
resignation in wri	bility company and affirm the limited liability company has been notified of my ting.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)