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(Re	questor's Name)	
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10.6	(Chata Fin ID)	
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COVER LETTER

Division of Corporations	
SUBJECT: DO-NUT Dreams LLC (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:	
Charles R. Hamson. (Contact Person)	
(Firm/Company)	
1413 TROUITION AVE.	
Winter Park FL 32789 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Contact Person) at (407) 694 - 6445 (Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$\sumsymbol{\Pi}\$\$ \$25 Filing Fee & Certified Copy	
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee ☐ Tallahassee ☐ Tallahassee, FL 32314Tallahassee, FL 32314Tallahassee, FL 32303	2024 DEC 1.2
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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	e limited liability company	as it appears on the rec	ords of the Florida Dep	partment
of State is:	0-NUT Drea	ims, LLC		·
2. The Florida doc	cument/registration number	assigned to this limited	d liability company is:	
L21000	487734			
3. The date this me	ember/manager withdrew/r	esigned or will withdra	w/resign is: <u>VCCC</u>	15th 15th
4. 1. <u>Print i</u>	Name of Person Resigning)	, hereby withdra	nw/resign as a	2024
mandar	Authonzed Per	SON.		
resignation in wi		_	npany has been notifie	d of my 2021, PEC
Signature of D	issociating Member or Res	signing Manager	131	PEC 12
Filing Fee: / Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			f.: 10: 30