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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: \_\_\_\_\_

2022 JUN 24 AM 11:34

STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
0999 JUN 24 AM 8:29

RECEIVED

LLC REGISTERED AGENT RESIGNATION  
DREAMART WORKSHOP LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

Electronic Filing Menu

Corporate Filing Menu

T. LEMIEUX  
JUN 27 2022

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

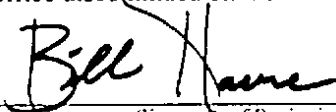
REGISTERED AGENTS INC. \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for \_\_\_\_\_  
DREAMART WORKSHOP LLC  
Name of Limited Liability Company

\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

Bill Havre  
\_\_\_\_\_  
Typed or Printed Name  
Assistant Secretary  
\_\_\_\_\_  
Capacity

**FILING FEES:**

- \$ 85.00 Active limited liability company
- \$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314