

122000310176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

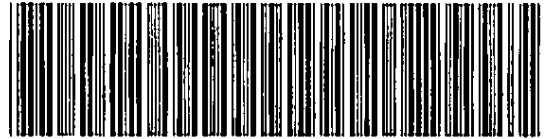
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Dreams Academy of Florida , 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:

Dr. Inga Smith

\_\_\_\_\_  
(Contact Person)

Dreams Academy of Florida

\_\_\_\_\_  
(Firm/Company)

3877 N. Lake Orlando Pkwy

\_\_\_\_\_  
(Address)

Orlando, FL 32808

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Dr. Inga Smith

850 206-8828  
at (\_\_\_\_\_) \_\_\_\_\_  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED

2022 OCT 31 PM 3:24

SECRETARY OF STATE  
TALLAHASSEE, FL

**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 of State is: Dreams Academy of Florida, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L22000310176

3. The date this member/manager withdrew/resigned or will withdraw/resign is: October 5, 2022

4. I, Christopher Smith, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Manager

*(Print Title)*

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

Christopher Smith

Signature of Dissociating Member or Resigning Manager

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