

L22000311266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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STATE OF MISSISSIPPI  
DIVISION OF CORPORATIONS  
2023 AUG 23 PM 12:40

R. HUNT  
08/23/23

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ELIDAN 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:

Francis Boyer, Esq.  
\_\_\_\_\_  
(Contact Person)

Boyer Law Firm PL  
\_\_\_\_\_  
(Firm/Company)

9471 Baymeadows Road, Suite 406  
\_\_\_\_\_  
(Address)

Jacksonville, FL 32256  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Francis Boyer \_\_\_\_\_ at ( 904 ) 236-5317  
(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

2023 AUG 23 PM 12:40  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



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 limited liability company as it appears on the records of the Florida Department of State is: ELIDAN DREAMS, LLC

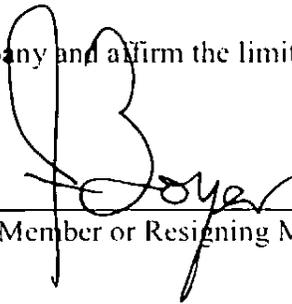
2. The Florida document/registration number assigned to this limited liability company is: L22000311266

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2023-08-18

4. I, Francis Boyer, 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.

  
Signature of Dissociating Member or Resigning Manager

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

*Correcting misfiling  
as I was only  
registered agent.  
Misfiled by L. Cruz.*

2023 AUG 23 PM 12:40  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE