

L24000255348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000439775290

11/18/24--01029--023 \*\*25.00

2024.10.18 11:54

DEC 12  
S. PRATHER

**S. PRATHER**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NEW ZEALAND DREAM, 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:

ALLISON DEVORE

(Contact Person)

PALM LEGAL, PLLC

(Firm/Company)

410 20TH AVE

(Address)

INDIAN ROCKS BEACH, FL 33785

(City/State and Zip Code)

For further information concerning this matter, please call:

ALLISON DEVORE

at ( 727 ) 480-3907

(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

**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: NEW ZEALAND DREAM, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L24000255348

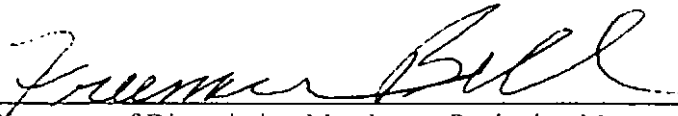
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11-10-24

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

AUTHORIZED MEMBER

*(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)

2024 NOV 18 PM 5:51  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED