L240035703

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
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COVER LETTER

	_	stration Section					
1	DIVIS	ion of Corporations					
SUBJE	CT:	T.H.E. DREAM SOLUTIONS USA	\ LL(2			
		(Name of Limited Liability Company)					
The encl	losed	member, resignation or disso	ciatio	on and fe	ec(s)	are submitted for filing.	
Please re	eturn	all correspondence concerning	g this	s matter t	to:		
LATANI	ΑМЕ	RUISE					
		(Contact Person)					
RUISE &	ASS	OCIATES, PA					
		(Firm/Company)		- 1, -			
1761 N Y	OUN	G CIRCLE, STE 3 #110					
		(Address)		• • • •			
HOLLYW	VOOE	O, FL 33020					
		(City/State and Zip Code)					
For furth	ner in	formation concerning this mat	ter,	please ca	ıll:		
LATANIA	A M F	RUISE	at	786 ()	393-7750	
	(Na	ame of Contact Person)		·	ode &	Daytime Telephone Number)	
Enclosed	d plea	ase find a check made payable	to th	ie Florida	a De	partment of State for:	
■ \$25 F	iling	Fee] \$55 Fil	ing l	Fee & Certified Copy	
Mailing Address:					_	treet Address:	
	Registration Section					Registration Section	
		ion of Corporations Box 6327				Division of Corporations The Centre of Tallahassee	
		nassee, FL 32314				116 Centre of Tananassee 1415 N. Monroe Street, Suite 810	
1	allal	100000, FE 32314				Callahassee, 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: T.H.E	E. DREAM SOLUTIONS USA I	.L.C
2. The Florida doci	ument/registration number	assigned to this limited liability company is:
L24000305703		
3. The date this me	mber/manager withdrew/re	esigned or will withdraw/resign is:
4. I,		, hereby withdraw/resign as a
(Print N	iame of Person Resigning)	. , ,
MEMBER		
	(Print Title)	
of this limited lial resignation in wr		the limited liability company has been notified of my
Tale	Waske	
Signature of Di	ssociating Member or Resi	gning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	