

L99000001020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

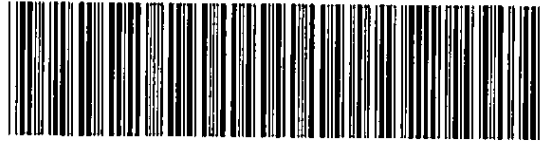
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
DEC -8 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Aouadi Dreams, L.C.  
(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:

Juliette Aouadi Lowe

(Contact Person)

(Firm/Company)

1868 SE Harrison St.

(Address)

Stuart, FL 34997

(City/State and Zip Code)

For further information concerning this matter, please call:

Juliette Aouadi Lowe

(Name of Contact Person)

at 561 401-1156

(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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
2017 DEC -7 PM 4 30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Aouadi Dreams, L.C.

2. The Florida document/registration number assigned to this limited liability company is:  
L 99000001020

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/15/2017

4. I, Patricia Aouadi, 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.

Patricia G Aouadi  
Signature of Dissociating Member or Resigning Manager

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