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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

APR 11 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: American Dream R (Name of Foreign Limited Li	ealty Services LLC iability Company)
Dear Sir or Madam:	
The enclosed withdrawal and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the fo	ollowing:
David J. HINTZ (Name of Person)	
American Dream Realty	LL C SEGRETALLAH
903 McArthur Ave	R 11 PH 2
(Address) Lehigh Acres, FL 37 (City/State and Zip Code)	3936 RA 55
For further information concerning this matter, please call:	
David Hintz at 2	39, 243-5163
(Name of Person) (Area	Code & Daytime Telephone Number)
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
Enclosed is a check for the following amount:	
\$25 Filing Fee - \$30 Filing Fee & \$55 Filing Certificate of Status Certified Co	

Copy for DBPR

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

American Dream Realty Services LLC (Name of limited liability company)
Maryland (Jurisdiction of its organization)
(Jurisdiction of its organization)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.
903 Mc Arthur Ave (Mailing address)
Lehigh Acres, FL 33936 (City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of member or authorized representative of a member) David Thirtz (Typed or printed name of signee) APR PH 2 TO SEE OF SI

Filing Fee: \$25.00

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