## M20000001838

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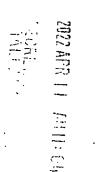
(Requestor's Name)
(Address)
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## **COVER LETTER**

Division o	on Section  If Corporations		
Pacifi	ic Bay Dreamscapes LLC		
SUBJECT:	-		
		reign Limited Liabilit	у Сотрапу)
Dear Sir or Madam	Ε		
The enclosed withd	rawal and fee(s) are submitte	ed for filing.	
Please return all con	rrespondence concerning this	s matter to the following	ng:
Dan Stevenson			
	(Name of Person)		
Pacific Bay Dream	scapes LLC		
	(Firm/Company)		_
12414 Alba Rd.			
	(Address)		<del>_</del>
Ben Lomond, CA 9	·		
	(City/State and Zip Cox	le)	_
For further informat	tion concerning this matter, p	olease call:	
Dan Stevenson		831	2344937
	t 4°D	at (	_)
(1)	lame of Person)	(Area Code	& Daytime Telephone Number)
Mailing Ac	ddress:		Street Address:
Registration Section			Registration Section
Division of Corporations			Division of Corporations
P.O. Box			The Centre of Tallahassee
Tallahass	see, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check	for the following amount:		
□\$25 Filing Fœ	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	\$60 Filing Fee. Certificate of Status & Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Pacific Bay Dreamscapes	
(Name of limited liability company)	
California	
(Jurisdiction of its organization) 2/14/2020	<del></del>
(Date registered with Florida Department of State) M20000001838	
(Florida Document Number)	—
This limited liability company is withdrawing its certificate of authority in this state.  November 11, 2021  [Optional]  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirement this date will not be listed as the document's effective date on the Department of State's record	
(Signature of authorized representative)	
Dan Stevenson (Typed or printed name of signee)	П? ~_ В П

Filing Fee: \$25.00