N130005078

(Danisatida Nama)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. III.

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C GOLDEN
DEC - 7 2017

TRANSMITTAL LETTER

SUBJECT: RESIGNATION NA	ADINE CURMI	
	(Name of Corp	poration)
DOCUMENT NUMBER: N130	000005078	
The enclosed Officer/Director Re	esignation for a Corporati	ion and fee are submitted for filing
Please return all correspondence	concerning this matter to	the following:
NADINE CURMI		
(Name of F	Person)	
% ACS ACCOUNTANTS LLC		
(Name of Firm.	/Company)	
13499 BISCAYNE BLVD TS1		
(Addre	ss)	_
MIAMI, FL 33181		
(City/State and	Zip Code)	
For further information concerni-	ng this matter, please call	l:
ALICE CASOTTO	305	766-4746 ode & Daytime Telephone Number)
(Name of Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for \$35.00 m	nade payable to the Florid	la Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporat 2661 Executive Cent Tallahassee, FL 323	tions ter Circle

TO: Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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NADINE CURMI	DIRECTOR, hereby resign as	
	, Ç	(Title)
LITTLE DREAMS FOUNDATION	ON USA, INC	
(Nar	me of Corporation)	
N13000005078	, a corporation organized unde	r the laws of the State of
(Document Number, if known)		
FLORIDA		
	.	
		'
	1	· 070 _
	(Signature of resigning officer/director)	
	·	FILED
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FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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