## 11140000000814

(Req	uestor's Name)	
(Add	ress)	· · · · · · · · · · · · · · · · · · ·
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



800279396878

12/10/15--01004--008 \*\*35.00

FILEU 2015 DEC 10 PM 2: 17 SECRETARIZATION

DEC 11 2015
I ALBRITTON

## TRANSMITTAL LETTER

SUBJECT: DYEAM NEAVER CHAPTED TO CONTINUE (Name of Corporation)  DOCUMENT NUMBER: 14000006 814  The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing Please return all correspondence concerning this matter to the following:  Shaw Letter (Name of Person)  DYEAM NEAVER CHAPTED IN C (Name of Firm/Company)  124 NW 16 CULT (Address)  Person City/State and Zip Code)  For further information concerning this matter, please call:  Shaw Letter (Name of Person)  at (954) 448 1152 (Area Code & Daytime Telephone Number)	Division of Corporations
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing Please return all correspondence concerning this matter to the following:  Shawh Letter  (Name of Person)  DYCOM WOLVEY CHAPTED IN C.  (Name of Firm/Company)  1124 NW 16 CULT  (Address)  Person Code  (City/State and Zip Code)  For further information concerning this matter, please call:  Shawh Letter at (954) 448 1152	SUBJECT: DreamWeaver Charly Inc. (Name of Corporation)
Please return all correspondence concerning this matter to the following:  Shown Letter (Name of Person)  Dream Weaver Charty In C (Name of Firm/Company)  1124 NW 16 Court  (Address)  Pembroke Pines, FL 33026  (City/State and Zip Code)  For further information concerning this matter, please call:  Shown Letter at 954, 448 1152	DOCUMENT NUMBER: N 1400000014
Shown Leiter  (Name of Person)  Dream Weaver Charity Inc  (Name of Firm/Company)  1124 NW 16 Court  (Address)  Pembalce Pines, FL 33026  (City/State and Zip Code)  For further information concerning this matter, please call:  Shown Leiter at 954, 448 1152	The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Dream Weaver Charty In C (Name of Firm/Company)  1124 NW 16 Court (Address)  Pembroke Pines, FL33026 (City/State and Zip Code)  For further information concerning this matter, please call:  Shawh Letter at (954), 448 1152	Please return all correspondence concerning this matter to the following:
Dream Weaver Charty In C (Name of Firm/Company)  1124 NW 16 Court (Address)  Pembroke Pines, FL33026 (City/State and Zip Code)  For further information concerning this matter, please call:  Shawh Letter at (954), 448 1152	Shawn Letter (Name of Person)
Pembroce Pines, FL33026  (City/State and Zip Code)  For further information concerning this matter, please call:  Shown Letter at 1954, 448 1152	Dream Weaver Charty Inc (Name of Firm/Company)
For further information concerning this matter, please call:  Shown Letter at 1954, 448 1152	11224 NW 16 COUTT
For further information concerning this matter, please call:  Shown Leifer at (954), 448 1152	
	For further information concerning this matter, please call:  Shown Leifer at (954), 448 1152

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**TO:** Amendment Section

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Jennifer Snapiro, hereby resign as Director (Title)	_
of Dream Weaver Charty Inc. (Name of Corporation)	<b>-</b> '
N1400000814 , a corporation organized under the laws of the State of (Document Number, if known)	
<u>Florida</u>	
(Signature of resigning officer/director)  ACCURATE IS 625.00	MITTO
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