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SECRETARY OF STATE SECRETARY OF CORPORATIONS DIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: DREAMLINE MORIGAGE (Name of Corporation)  DOCUMENT NUMBER: 10500015721
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
SCOTI MAMONE = LESTIGNED
DREAM LINE MORTGAGE, FUC (Name of Firm/Company)
8493 S. U.S.2. Highway &
Port St. Lucie, FC 34952 (City/State and Zip Code)
For further information concerning this matter, please call:
KEN GORIN at (772) 873-3269 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, _	50077	MAMONE	_, hereby resign as	Vice Preside
of		DREAM CINE	Morte.	AGG, TUC.
	\	S72 a corpo	ration organized und	er the laws of the State of
_	FLORIDA			
	·			
	-	(Signature of	resigning officer/director	o

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