

PD50000032926

(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:

*Not to be filed
Bullock + 7-1-05*

Office Use Only



900056671279

07/14/05--01039--005 **87.50

FILED

05 JUL -1 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

250-101

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dream Team Promotions, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P05000032926

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelle Facey
(Name of Person)

Dream Team Promotions Inc.
(Name of Firm/Company)

12841 SW 14th Place
(Address)

Davie, FL 33325
(City/State and Zip Code)

For further information concerning this matter, please call:

Michelle Facey at (954) 275-9016
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Cherie Garrison

(Name of Registered Agent)

hereby resigns as Registered Agent for Dream Team Promotions Incorporated

(Name of Corporation)

P05000032926

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which
this statement is filed.

Cherie Garrison

(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
JUL - 1 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA