

PD7000074315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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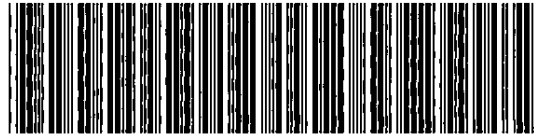
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2007

SHAWON MUSTAFA
DREAMTEAM LIMITED, INC.
3290 W. NEW HAVEN AVENUE
W. MELBOURNE, FL 32904

SUBJECT: DREAMTEAM LIMITED, INC
Ref. Number: P07000074315

We have received your document for DREAMTEAM LIMITED, INC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The fee to resign as officer/director for a corporation is \$35 per person resigning.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 907A00053788

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DREAMTEAM LIMITED, INC
(Name of Corporation)

DOCUMENT NUMBER: P07000074315

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHAWON MUSTAFA

(Name of Person)

DREAMTEAM LIMITED, INC

(Name of Firm/Company)

3290 W NEW HAVEN AVE

(Address)

W MELBOURNE, FL 32904

(City/State and Zip Code)

For further information concerning this matter, please call:

SHAWON MUSTAFA

(Name of Person)

at (407) 301-6666

(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

RECEIVED
2007 SEP 10 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, S M SHAJAL, hereby resign as Treasurer & Secretary
(Title)

of DREAMTEAM LIMITED, INC
(Name of Corporation)

P07000074315, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA