

P10000021280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

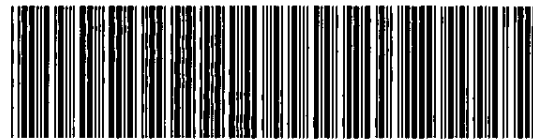
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DREAMBIG NORTHEAST INC
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

ANGEL COOK
(Name of Person)

DREAMBIG NORTHEAST INC
(Name of Firm/Company)

PO BOX 736
(Address)

MONUMENT BEACH, MA 02553
(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN P. DIXON at (774) 269-3164
(Name of Person) (Area Code & Daytime Telephone Number)

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

#886 - \$35.00 ENCLOSED

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, Angel Cook, hereby resign as OFFICER / MGRM
(Title)

of DREAM BIG NORTHEAST INC
(Name of Corporation)

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

FLORIDA

Angel Cook
(Signature of resigning officer/director)

10 DEC 10 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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