## P1400085494

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

SUBJECT: New Dream Castruction, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P140000 85494

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:

(Name of Person)

New Dream Castruction, Inc.

(Name of Firm/Company)

P.O. Box 294

(Address)

Mewberry To 32 2229

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (352) 314-9904 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2)	2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, (Name of Re	legistered Agent)
hereby resigns as Registered Agent for New Orece (Name of	Con Construction, Inc
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corpor	oration at its last known address.
The agency is terminated and the office discontinued on the 31s this statement is filed.	st day after the date on which
a. Johnson	
(Signature of Resigning Agent)	7/2 7/2 7
If signing on behalf of an entity:	
	82 5 F
(Typed or Printed Name)	
•	100 mg/m
(Capacity)	<del></del>

## 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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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