# P20000085683

(Re	questor's Name)			
(Ad	dress)			
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(City/State/Zip/Phone #)				
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#### COVER LETTER

Division of Corporations		
DREAM AUTO COLLECTION INC SUBJECT:		
SUBJECT: Name of Corporation	n	
Dear Sir or Madam:		
The enclosed Withdrawal Statement and fee(s) are submitted for filing	ng.	
Please return all correspondence concerning this matter to the follow	ring:	
VITALII STEFURAC		
Name of Person		
DREAM AUTO COLLECTION INC		
Firm/Company		
3837 PEMBROKE RD		
Address		
HOLLYWOOD, FL 33021	2023 OCT 30 CTAREANN 	
City/State and Zip Code		71
DREAMAUTOCOLLECTION@YAHOO.COM		
E-mail address: (to be used for future annual report notifica	ation)	, 1 1 1 1 1 1
For further information concerning this matter, please call:	- 0.00 - 1.00 -	
VITALII STEFURAC 917	495///2	1
Name of Person Area Cod	de Daytime Telephone Number	

## **Mailing Address:**

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

### **Street Address:**

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee, FL 32303

TO:

Amendment Section



October 17, 2023

VITALII STEFURAC DREAM AUTO COLLECTION INC 3837 PEMBROKE RD HOLLYWOOD, FL 33021

SUBJECT: DREAM AUTO COLLECTION INC

Ref. Number: P20000085683

We have received your document for DREAM AUTO COLLECTION INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed the wrong application. You need to complete the officer/director resignation form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Operations Manager A

33 27.0

Letter Number: 623A00024119

# OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Oles tyulenes, hereby res	sign as	Office &	
			(Title)	
of	Tream Lato Collection (Name of Corporation)	mc	. <del></del>	<del></del> ,
F	200045683, a corporation organi (Document Number, if known)	ized under	the laws of the State	e of
	FLORIDA.			
	(Signature of resigning office	cer/director)	0∃S 0∃S	2023
				7077067
			. • •	
				AND: 35
	FILING FEE IS \$35.0	00	- · <u>- · · · · · · · · · · · · · · · · ·</u>	 ယ ပၢ

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314