

P94000022737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

of off
2005

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ride and Dream, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P94000022737

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

Please return all correspondence concerning this matter to the following:

Silvia Fernandez
(Name of Person)

Ride and Dream, Inc.
(Name of Firm/Company)

590 SW 9th Terrace #5/G
(Address)

Pompano Beach, FL 33069
(City/State and Zip Code)

For further information concerning this matter, please call:

Christoph A. Metti at (954) 783-1603
(Name of Person) (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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Barbara A. Sullivan, hereby resign as Sec. / Treas.
(Title)

of Ride and Dream, Inc.
(Name of Corporation)

P94000022737, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Barbara A. Sullivan
(Signature of resigning officer/director)

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06 OCT -5 PM 4:52
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

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Barbara A. Sullivan
(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

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