

P97000087096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

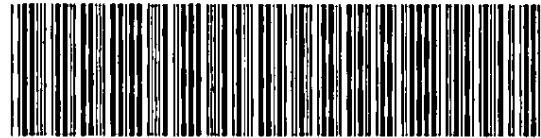
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700323901747

01/31/19--01017--007 **175.00

2019 JAN 31 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 07 2019

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dreamcatcher Shuttle Service, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P97000087096

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

Please return all correspondence concerning this matter to the following:

Kassandra Pfeiffer
(Name of Person)

Michael Tidwell, P.A.
(Name of Firm/Company)

811 N. Spring St.
(Address)

Pensacola, FL 32501
(City/State and Zip Code)

For further information concerning this matter, please call:

Kassandra Pfeiffer at (850) 434-3223
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

2018 JAN 31 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Michael J. Jurkovich
(Name of Registered Agent)

hereby resigns as Registered Agent for Dreamcatcher Shuttle Service, Inc.
(Name of Corporation)

P97000087096

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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withdrawn corporation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

2019 JAN 31 PM 3:16
FILED
TALLAHASSEE
FL 32314