L22000447816

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Sweets Inna Bite LLC		
Name of Limited Liability (Company	
DOCUMENT NUMBER: L22000447816		
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted	
Please return all correspondence concerning this matter to the	e following:	
United States Corporation Agents, Inc.		
Name of Person		
Legalzoom.com, Inc.		
Name of Firm/Company		
10601 Clarence Drive Suite 250	20:	
Address	· <u>· · · · · · · · · · · · · · · · · · </u>	
Frisco, TX 75034	2025 JUH 24	
City/State and Zip Code	.;	;
raresignations@legalzoom.com	* PH 5: 05	;
E-mail address: (to be used for future annual report notification)	05	
For further information concerning this matter, please call:		
800	773-0888	
Name of Person Area Code	Daytime Telephone Number	

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115. Florid	da Statutes, the undersigned.
United States Corporation Agents, Inc.	hereby resigns as
Name of Registered Agent	
Registered Agent for Sweets Inna Bite LLC	
Name of Limited Liab	pility Company
L22000447816	
Document Number, if known	
A copy of this resignation was mailed to the above lis	sted limited liability company 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.
Trik Tr	action are of Resigning Agent
Signatu	re of Resigning Agent
If signing on behalf of an entity:	~: C
Erik Treutlein	25
LIK HEUGEIII	r.
	Printed Name ed States Corporation Agents, Inc.

FILING FEES:

Capacity

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314