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(Requestors Name) Homero Cry 6187 NW 167 pt. #4-24 Miami Lakes, Il. 33015 600047113096 (City/State/Zip/Phone #) PICK-UP WAIT MAIL 电影影响 排制器 国际 事经证据 (Business Entity Name) (Document Number) Certified Copies _____ Certificates of Status __ Special Instructions to Filing Officer:

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RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, HOMERO CRUZ, hereby resign as MAN	16g	ER	•
of SWEET DREAMS LLC (Limited Liability Company)	, <u></u>	,	
a limited liability company organized under the laws of the State of	117	<u> </u>	
and affirm that the limited liability company has been notified in writing of the resignation	ation.		
(Signature of resigning manager, managing member or member)			
	SECRETARY C	/2005 FEB 25	/ FILE
FILING FEE IS \$25.00	FLOR	PN 12:	0/

Make checks payable to Florida Department of State and mail to:
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P.O. Box 6327
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