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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The Sweet Life Creations LLG	de la companya del companya de la companya del companya de la comp
(Name of Emineu Elabi	nty Company)
The enclosed member, managing member or manage filing.	r resignation and fee(s) are submitted for
Please return all correspondence concerning this mat	ter to:
Carrie Cuchens	
(Contact Person)	
The Sweet Life Creations LLC	
(Firm/Company)	
91 Key Haven Rd	
(Address)	
DeFuniak Springs, FI 32433	
(City/State and Zip Code)	
For further information concerning this matter, pleas	e call:
Carrie Cuchens at (8	50 685-7284
	a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo	orida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as it Sweet Life Creations	appears on the records of the Florida Department
2. This limited liab Florida	ility company was organized u	ander the laws of:
3. The Florida docu 		his limited liability company is:
4. I, Victoria E.	Smith ame of Person Resigning)	, hereby resign as a Manager (Print Title)
	pility company and affirm the	limited liability company has been notified of my
1)ucto	ria Co Smith	
Signature of Resi	gning Member, Managing Me	mber or Manager
-	\$25.00 (Required) \$30.00 (Optional)	