

L10 0000 88375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

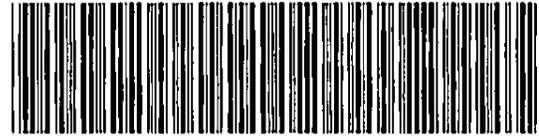
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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JUN 14 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SWEET ART BIRD, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L10000088375

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JORGE ESPINOSA  
Name of Person

ESPINOSA MARTINEZ, PL  
Name of Firm/Company

1428 BRICKELL AVENUE, STE 100  
Address

MIAMI, FL 33131  
City/State and Zip Code

jespinoso@etlaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jorge Espinosa at (305) 854-0900  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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, Florida Statutes, the undersigned,

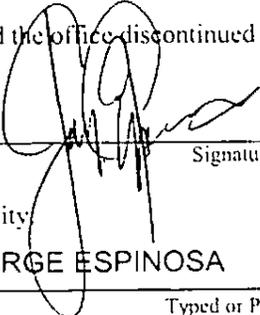
LAW ESPINOSA TRUEBA, hereby resigns as  
Name of Registered Agent

Registered Agent for SWEET ART BIRD, LLC.  
Name of Limited Liability Company

L10000088375  
Document Number, if known

A copy of this resignation was mailed to the above listed 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.

  
Signature of Resigning Agent

If signing on behalf of an entity:

JORGE ESPINOSA  
Typed or Printed Name  
MANAGING PARTNER  
Capacity

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2018 JUN 11 AM 8:07  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEES:**

- \$ 85.00 Active limited liability company
- \$ 25.00 Administratively dissolved/ voluntarily 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