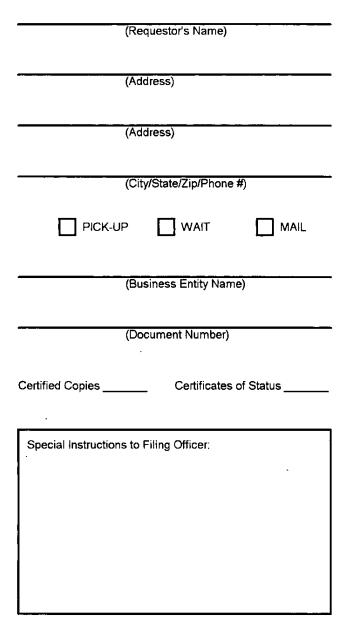
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SLUBLIAN OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK AUG **2 2** 2012

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ		LC Limited Liability Company)	
	(Name of L	minied Liability Company)	
The enfiling.		or manager resignation and fee(s) are submitted for	or
Please	return all correspondence concerni	ng this matter to:	
STE	PHANIE DYKINS		
	(Contact Person)		
PET	ITE SWEETS, LLC		
	(Firm/Company)		
602	PHEASANT AVE		
	(Address)		
			≅
LON	GWOOD, FL 32750		
	(City/State and Zip Code)		12 AUG 21
		m.1 m.	
For fu	rther information concerning this ma	atter, please call:	
		The state of the s	# 5 5 5
STE	PHANIE DYKINS	at(407)415-5777	വ
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)	_
Enclos	sed please find a check made payabl \$25 Filing Fee	te to the Florida Department of State for: \$55 Filing Fee & Certified Copy	
STRE	ET/COURIER ADDRESS:	MAILING ADDRESS:	
	ration Section	Registration Section	
_	on of Corporations	Division of Corporations	
	ı Building	P.O. Box 6327	
	Executive Center Circle	Tallahassee, Florida 32314	
Tallah	assee, Florida 32301	•	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the of State is: P	limited liability company as ETITE SWEETS, LLC	it appears on the records	of the Florida Department
2. This limited liab FLORIDA	ility company was organized	under the laws of:	
3. The Florida docu <u>L1200002</u> 4	ument/registration number of	this limited liability com	pany is:
4. I, MARK D	YKINS	, hereby resign as a _	CEO
(Print N	ame of Person Resigning)		(Print Title)
of this limited lial resignation in wr	bility company and affirm the iting.	e limited liability compan	y has been notified of my
Signature of Resi Filing Fee: Certified Copy:	gning Member, Managing No. 325.00 (Required) \$30.00 (Optional)	lember or Manager	12 AUG 21 AM IQ: