1130000 85127

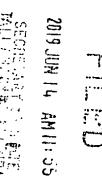
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only Ottalion Exp.)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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Y SULKER JUN 2 6 2019

COVER LETTER

TO: Registration S	Section		
Division of C	orporations		
SUBJECT: Sweet	Rugs, LLC		
	(Name of I	.imited Liability Co	mpany)
The enclosed membe	r, resignation or disso	ociation and fee(s) are submitted for filing.
Please return all corre	spondence concernir	ng this matter to:	
Roy F. House, III			
	(Contact Person)		_
Sweet Rugs, LLC			
	(Firm/Company)		
9655 Florida Mining	Blvd. West, STE	506C	_
	(Address)		_
Jacksonville/FL 322	<u>!</u> 57		
(Ci	ty/State and Zip Code)		_
For further informatio	n concerning this ma	tter, please call:	
Roy F. House, III		904 at (502-2291
(Name of Co	ntact Person)		& Daytime Telephone Number)
Enclosed please find a □ \$25 Filing Fee	check made payable	to the Florida D \$55 Filing	Pepartment of State for: Fee & Certified Copy
STREET/COURIER	ADDRESS:		MAILING ADDRESS:
Registration Section			Registration Section Division of Corporations
Division of Corporatio	ns		P.O. Box 6327
Clifton Building 1661 Executive Center	· Circle		Tallahassee, Florida 32314
allahassee, Florida 32			•

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	Sweet Rugs, LLC ate is:	
2. The I	Florida document/registration number	assigned to this limited liability company is:
L13	000085127	
3. The c	date this member/manager withdrew/the Joanna Lynn Sweet (Print Name of Person Resigning) MGRM	resigned or will withdraw/resign is: 6 / 11 / 2019 , hereby withdraw/resign as a
	(Print Title)	
	limited liability company and affirm ation in writing.	the limited liability company has been notified of my

Filing Fee:

Certified Copy:

\$25.00 (Required) \$30.00 (Optional)