## 14000032548

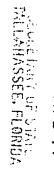
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Sweet TIMES Cupea (Name of Limited Liability)	kes Franchising La Company)
The enclosed member, resignation or dissociation and fe	e(s) are submitted for filing.
Please return all correspondence concerning this matter t	to:
Angela Prada-Moed (Contact Person)	<del></del>
(Firm/Company)	TORROWN TO
10300 NW 70 Terrace	
Doral, FL. 33178 (City/State and Zip Code)	
For further information concerning this matter, please ca	dl:
Argela Prada-Moed at (305) (Name of Contact Person) (Area Co	495-9726
Enclosed please find a check made payable to the Florida	
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

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)

			= =	n the records of the Fl	
of State is: Su	seet	TIMES	Cuprakes	Franchising	LLC.
2. The Florida docu	ment/regist	ration numb	per assigned to th	is limited liability com	ipany is:
L1400	0032	548	•		
3. The date this men	mber/mana	ger withdrev	w/resigned or wil	l withdraw/resign is: <u> </u>	1/19/15
4. I, Michael (Print No.	Moed ame of Person	n Resigning)	, hereb	y withdraw/resign as a	ı
Manage	<b>r</b>				and and a second
of this limited liab resignation in wri	oility compa	any and affin	rm the limited lia	bility company has be	en notified of my
Signature of Di	ssociating I	Member or I	Resigning Manag	er	RIEA .
Filing Fee: Certified Copy:					