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TO: Registration Section

CR2E079 (2/14)

Division of Corporations	
SUBJECT: SURPRISE ME CAN	VDLES LLC
(Name of Limited Liability	· Company)
The enclosed member, resignation or dissociation and t	ee(s) are submitted for filing.
Please return all correspondence concerning this matter	to:
Brian Sawyer (Contact Person)	
Surprise Me Candles LLC (Finn/Company)	
2119 SW Danforth Circle	
Palm City FL 34990 (City/State and Zip Code)	
For further information concerning this matter, please of	all:
Brian Sawer at (772 (Name of Contact Person) (Area C	
Enclosed please find a check made payable to the Florid	
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



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)

1. The name of the	limited liability co	mpany as	s it appears on the	records of th	e Flori	da De _l	partment
of State is:	URPRISE	ME	CANDLES	LLC			·
2. The Florida docu	ıment/registration	number a	ssigned to this limi	ited liability	compa	ny is:	
L18000	0003204						
3. The date this me	mber/manager wit	hdrew/res	signed or will with	draw/resign	is: <u>6</u>	16,	/2018
4.1. Brian (Print N	Sawyer ame of Person Resign	ing)	hereby with	draw/resign	as a		
	(MGR)						
of this limited lial resignation in wri		affirm th	ne limited liability	company ha	s been :	notifie	d of my
R.	Z		 -				
Signature of Di	ssociating Member	r or Resig	ning Manager				
Filing Fee: Certified Copy:	\$25.00 (Requir \$30.00 (Option				ALL ARACSILL FI	2010 JUN II AM	