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#### **COVER LETTER**

Registration Section Division of Corporations SUBJECT:\_\_\_ Name of Limited Liability Company DOCUMENT NUMBER: L18000036705 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: United States Corporation Agents, Inc. Name of Person Legalzoom.com, Inc. Name of Firm/Company 101 North Brand Blvd. 11th Floor Address Glendale, CA 91203 City/State and Zip Code raresignations@legalzoom.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115. Florida Statutes, the undersi	gned,	
United States Corporation Agents, Inc.		ereby resigns as	
	Name of Registered Agent	credy resigns as	
Registered Agent for	Sweet Treasure, LLC		
	Name of Limited Liability Company		
L18000036705			
Document N	lumber, if known		
A copy of this resignati	ion was mailed to the above listed limited liability co	mpany at its last known address.	
The agency is terminate	ed and the office discontinued on the 31st day after the Signature of Resigning Agent	ne date on which this statement is file	ed.
If signing on behalf of an entity:		SCA AM	
	Cheyenne Moseley		¥
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Agen	is, Inc.	
	Capacity		

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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