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TO: Registration Section Division of Corporations

SUBJECT: Penny's	l Treats, LLC			
SUBJECT: 7	Name of Limited Liability	Company		
DOCUMENT NUMBER:	18000096813	· · · · · · · · · · · · · · · · · · ·		
The enclosed Resignation o for filing.	Registered Agent for a Limited	Liability Company and fee are	submit	tted
Please return all correspond	ence concerning this matter to the	e following:		
United States Corporatio	n Agents, Inc.			
Name	of Person			
Legalzoom.com, Inc.				
Name of F	irm/Company			
9900 Spectrum Dr.				
A	ddress		22 001	1
Austin, TX 78717)C7	Fi.
City/State	and Zip Code		သ	
raresignations@legalzoo	m.com		3 K	arat Gr
E-mail address: (to be used	for future annual report notification)		8: 50	2. Z
For further information con	cerning this matter, please call:		0	2
	a. (800	773-0888		
Name of Pers	on Area Code	773-0888) Daytime Telephone Number		
Enclosed is a check made pliability company or \$25.00 liability company.		of State for \$85.00 for an active d, voluntarily dissolved or withd	e limite rawn l	ed imited
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Divisio Clifton	ET ADDRESS: ation Section n of Corporations Building secutive Center Circle		
1 ananassee, 1 L 32314	2001 E	recourse Center Chefe		

Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of se	ction 605.0115. Florida Statutes, the undersigned,		
United States Corporation	Agents, Inc. , hereby resigns as		
	Registered Agent		
Registered Agent for Penny's	Treats, LLC		
0 0			_
· · · · · · · · · · · · · · · · · · ·	Name of Limited Liability Company		_,
L18000096813			
Document Number, if	known		
	re office discontinued on the 31st day after the date on which this state Signature of Resigning Agent		
If signing on behalf of an entity		22	<u>.</u>
,	jenne Moseley	22 0CT 13	13. 13. 13. 14.
	Typed or Printed Name	=	<u> </u>
Asst. S	ecretary for United States Corporation Agents, Inc.	A A	
	Capacity	M 8: 50	÷
	### FILING FEES: \$ 85.00		
Mak	checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		