L180000100465



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COVER LETTER

TO: Registration Section Division of Corporations	
	of Limited Liability Company
DOCUMENT NUMBER: / 8	000100465
The enclosed Resignation of Registered for filing.	Agent for a Limited Liability Company and fee are submitted
Please return all correspondence concern	ing this matter to the following:
Robert Rowe Namie of Person	2 512
Sweet Meliste / Name of Firm/Company	
780 Pine Court	malles Fl. 34102.
A) Alles FL 34 City/State and Zip Code	102.
E-mail address: (to be used for future annue	Com cas twel
For further information concerning this	natter, please call:
Anthony Raucci	at (617) 908-4457 Area Code Daytime Telephone Number
Enclosed is a check made payable to the liability company or \$25.00 for an admir limited liability company.	Florida Department of State for \$85.00 for an active limited histratively dissolved, voluntarily dissolved or withdrawn

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

INHS17 (2/14)

Mailing Address: Registration Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,
ROBERT ROLLESE hereby resigns as
Name of Registered Agent, hereby resigns as
Registered Agent for Sweet Melwa III LLC.
,
Name of Limited Liability Company
L18000100465
Document Number, if known
A copy of this resignation was mailed to the above listed limited liability company at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
Signature of Resigning Agent
If signing on behalf of an entity: Typed or Printed Name 57
Men Bar
Capacity
\$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ withdrawn limited liability company
Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327

Tallabassee, FL 32314

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,
Robert Robe SR, hereby resigns as
Name of Registered Agent
Registered Agent for Sweet Melwa III LLC.
,
Name of Limited Liability Company
L18000100465
Document Number, if known
A copy of this resignation was mailed to the above listed limited liability company at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
Duf 18m
Signature of Resigning Agent
If signing on behalf of an entity:
Robert Rowe 52.
Typed or Printed Name
Menbar
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

INHS17 (2/14)