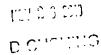


(Re	equestor's Name)		
(Ac	ldress)		
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PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			





10/24/19--01092--00F **25.00



COVER LETTER

SUBJECT: THE SWEET CAULDRON LLC Name of Limited Liability Company DOCUMENT NUMBER: L18000265216 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:) 773-0888 x3951 Kasandra Lund Area Code Daytime Telephone Number 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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: STREET ADDRESS:

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 605.0115, Florida Statutes, the undersign	ed,
United States Cor	poration Agents, Inc.	, hereby resigns as
•	Name of Registered Agent	_ · ····
Registered Agent for_	THE SWEET CAULDRON LLC	
	Name of Limited Liability Company	
L18000265216 	Number, if known	
A copy of this resigna	tion was mailed to the above listed limited liability com	pany at its last known address.
The agency is terminate	ed and the office discontinued on the 31st day after the date	e on which this statement is filed.
If signing on behalf of	an entity:	
	Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Agents, In	nc.
	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