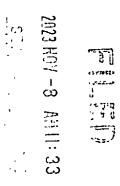
# L21000131137

(Requestor's Name)	
(Address)	
(Address)	
(160,000)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
· · · · · · · · · · · · · · · · · · ·	
(Depument Muse bank	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
Special instructions to 7 ming Officer.	
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Office Hee Only	



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### COVER LETTER.

TO: Registration Section Division of Corporations

SUBJECT: Sweet Futures I LLC	
Name of Limited Liability	y Company
DOCUMENT NUMBER: L21000131137	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	he following:
United States Corporation Agents, Inc.	
Name of Person	-
Legalzoom.com, Inc.	
Name of Firm/Company	_
9900 Spectrum Dr.	
Address	-
Austin, TX 78717	
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:	
at (	773-0888
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

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

Pursuant to the provision	ns of section 605.0115, Florida Statutes, the und	dersigned.	
United States Corp	oration Agents, Inc.	, hereby resigns as	
	Name of Registered Agent		
Registered Agent for S	weet Futures I LLC		
	Name of Limited Liability Company		
L21000131137			
Document Nu	imber, if known		
A copy of this resignation	on was mailed to the above listed limited liability	v company at its last known addre	SS.
The agency is terminate	d and the office discontinued on the 31st day aft	ter the date on which this statemen	t is filed.
	Signature of Resigning Agent		
If signing on behalf of an entity:		2023 MUY	· 
	Cheyenne Moseley		
	Typed or Printed Name		<b>9</b>
	Asst. Secretary for United States Corporation A		
	Capacity	=	<del></del> ယ ယ
	\$ 85.00 Active limited liability of Active limited liability of Administratively dissolved withdrawn limited liability.	ved/ voluntarily dissolved/	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314