L21000204188

(Requestor's Name)				
(Address)				
(//dd/c33)				
(Address)				
(City/State/Zip/Phone #)				
(=,,===================================				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(2.00.000)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J DENNIS				
J DENINO				
AUG - '7 2023				

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: SWEET'S CUSTOM CRE	
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000204188	
The enclosed Resignation of Registered Agent for a Limited for filing.	f Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of	of section 605.0115	Florida Statutes, the under	signed,		
United States Corpora	ation Agents, Inc	C.	, hereby resigns as		
	ime of Registered Agen	i	nercoy resigns as		
Registered Agent for SWI	EET'S CUSTON	CREATIONS LLC			_
	Stores of the				_,
	Name of Cimi	ted Liability Company			
L21000204188					
Document Number	er, if known				
_	nd the office discor	bove listed limited liability on the 31st day after Signature of Resigning Agent			
-	heyenne Mosel	ov			
	Ty	ped or Printed Name nited States Corporation Age	ents, Inc.	2023 JUN 114	SECR
		Capacity	-	PH	FILED TARY OF S
	FILING 1 \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabilit	mpany d/ voluntarily dissolved/ ty company	3: 38 -	STATE

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