## L13000085127

(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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## **COVER LETTER**

Division of Corporations	
Sweet Rugs, LLC SUBJECT:	
(Name of Limited Lia	bility Company)
The enclosed member, resignation or dissociation a	and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to:
Roy F. House III	
(Contact Person)	
Sweet Rugs, LLC	
(Firm/Company)	<del></del>
3728 Philips Highway, Suite 46	
(Address)	
Jacksonville, Florida 32207	
(City/State and Zip Code)	<del></del>
For further information concerning this matter, plea	ase call:
Roy F. House III 90	04 694-5977
	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the E   ■ \$25 Filing Fee   □ \$	Florida Department of State for: 55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department Rugs, LLC
	ument/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. 1, David Allen Swe	, hereby withdraw/resign as a, hereby withdraw/resign as a
Member	
	(Print Title)
of this limited lial resignation in wr Docusigned by:  David Allen S 288C688755174EC	
Signature of Di	ssociating Member or Resigning Manager
	\$25.00 (Required) \$30.00 (Optional)