L24000327463

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(· · · · · - · · · · · · · · · · · · ·
(Document Number)
Certified Copies Certificates of Status
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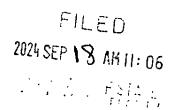
FILED
2024 SEP 23 AH II: 01

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sweety Boba LLC	
(Name of Li	imited Liability Company)
The enclosed member, resignation or disso	ociation and fee(s) are submitted for filing.
Please return all correspondence concernin	ng this matter to:
Sherman Lee	
(Contact Person)	
Sweety Boba LLC	
(Firm/Company)	
3901 Romano Busciglio St	
(Address)	
Tampa, Fl 33619	
(City/State and Zip Code)	
For further information concerning this ma	itter, please call:
Sherman Lee	718 887-5580 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable	
□ \$25 Filing Fee	■ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303

CR2E079 (2/14)





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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is: Swee	ty Boba LLC
2. The Florida doc L24000327463	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I, Mang Tung Lee	, hereby withdraw/resign as a large of Person Resigning)
(Print A Vice President/ M	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Mantung Lee Mantung lee (Sen 9, 2024 L3:23 LDT)	Sep 9, 2024
Signature of D	ssociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)

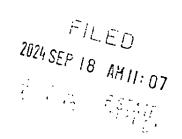
COVER LETTER

	stration Section ion of Corporations			
SUBJECT:	Sweety Boba LLC			
	(Name of Limited Liability Company)			
The enclosed	member, resignation or dissoc	iation and fee(s) are submitted for filing.	
Please return	all correspondence concerning	this matter to:		
Sherman Lee				
	(Contact Person)	<u> </u>	-	
Sweety Boba L	TC			
	(Firm/Company)		_	
3901 Romano I	Busciglio St			
	(Address)	·	_	
Tampa, Fl 3361	9			
	(City/State and Zip Code)		_	
For further in	formation concerning this matt	er, please call:		
Sherman Lee		718 at (887-5580	
(Na	ame of Contact Person)		& Daytime Telephone Number)	
Enclosed plea ☐ \$25 Filing	ase find a check made payable t	o the Florida I	Department of State for:	
C 327 THING	ree	■ 333 Filing	g Fee & Certified Copy	
Regist Divisi P.O. E	g Address: tration Section on of Corporations Box 6327 tassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

CR2E079 (2/14)







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

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company as it appears on the records of the Florida Department ety Boba LLC
	cument/registration number assigned to this limited liability company is:
	ember/manager withdrew/resigned or will withdraw/resign is:
Vice President/ N	Aember -
	(Print Title)
of this limited lia resignation in wi	ability company and affirm the limited liability company has been notified of my riting.
Mantung Lee Hantung lee (Sep 9, 2024 13:23 EDT	Sep 9, 2024
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)