5/25/2021



Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC REGISTERED AGENT RESIGNATION SWII MIMI'S CAFE, LLC

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MAY 2 6 2021

A. LUNT

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Corporate Filing Menu

Help

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi-	ons of section 605.0115, F	florida Statutes, the und	ersigned.		
C T CORPORATION	ON SYSTEM		_ , hereby resigns as		
	Name of Registered Agent				
Registered Agent for _					
SWH MIMI'S CAF	E, LLC				
	Name of Limited	Liability Company			
M13000000069					
Document 8	Sumber, if known	_			
,,			y company at its last known address. er the date on which this statement i	202) <u>₹</u> (A)	
	Kail Si	gnature of Resigning Agent	ASSEE	AY 25 PM	FILED
If signing on behalf of	an entity:		::'s 9 5≥	4 L: 37	
	Kimberly Laughrey	•	TE DA	37	
	Туре	d or Printed Name	-		
	Assistant	Secretary			
		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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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