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| (Re                     | equestor's Name)      |                                       |
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| (A                      | ddress)               | <u></u>                               |
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| (Ad                     | ddress)               | · · · · · · · · · · · · · · · · · · · |
|                         |                       |                                       |
| (Ci                     | ty/State/Zip/Phone #) |                                       |
| PICK-UP                 | WAIT                  | MAIL                                  |
| (B)                     | usiness Entity Name)  |                                       |
| ia)                     | isiness Entity Name)  |                                       |
| (Do                     | ocument Number)       |                                       |
|                         |                       |                                       |
| Certified Copies        | _ Certificates of     | Status                                |
|                         |                       |                                       |
| Special Instructions to | Filing Officer:       |                                       |
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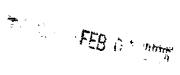
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## **COVER LETTER**

| TO: Amendment Section Division of Corporations   |
|--|
| SUBJECT: Resignation of Director (Name of Corporation)   |
| DOCUMENT NUMBER: Po 4 00 00 70 90 1  |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  |
| Please return all correspondence concerning this matter to the following:  |
| Michael Kassam<br>(Name of Person)   |
| Sweet DAIRY INC (Name of Firm/Company)   |
| 141 Decay Lw (Address)   |
| ROYAL PACH BRACH, 334// (City/State and Zip Code)  |
| For further information concerning this matter, please call:   |
| MicHACL KASSAM at (S61) 255-1302 (Name of Person) (Area Code & Daytime Telephone Number)   |
| Enclosed is a check for \$35.00 made payable to the Florida Department of State.   |
| Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 |

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, Michael Kassam, hereby resign as Director (Title)   |                     |
|--|---------------------|
| of Sweet DAIRY INC. (Name of Corporation)  |                     |
| Po 4000 70301 a corporation organized under the laws of the State of (Document Number, if known) |                     |
| FLORIDA  | -a <del>gio</del> n |
| (Signature of resigning officer/director)  |                     |

## FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314