107000121764

(Re	questor's Name)	
(Ad	dress)	·
——————————————————————————————————————	dress)	
(Cit	y/State/Zip/Phon	e #)
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OR MAY 22 PM II BY

COVER LETTER

SUBJECT: Siet Treat Vending, Corp.
(Name of Corporation)
SUBJECT: Sieet Treat Verding, Corp. (Name of Corporation) DOCUMENT NUMBER: 167000 121764
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Rosemarie Arcadia (Name of Person)
(Name of Person)
Sweet TReat Vending, CORP (Name of Firm/Company)
(Name of Firm/Company)
6020 NW 44 ⁺⁴ WAY (Address)
(Address)
Coccout Check, FL 33073 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (554) 448-5813 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

1.71.11

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Amendment Section Division of Corporations

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Markony Arcodia, hereby resign as UP

of Sweet treat Verding Corp

(Name of Corporation)

P07000 121764

(Document Number, if known)

Florida

Onthe State of Wards and Arcodia

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