

POS000046031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

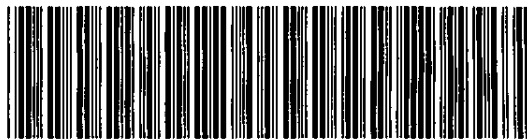
(Business Entity Name)

(Document Number)

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01/20/09--01014--002 **35.00

Dr. Liu

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JAN 20 PM 12:03

T. Roberts JAN 26 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sweetened Dreams Inc
(Name of Corporation)

DOCUMENT NUMBER: P08000046031

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Linda Senical
(Name of Person)

Sweetened Dreams Inc.
(Name of Firm/Company)

958 Jaybee Ave
(Address)

Davenport FL 33897
(City/State and Zip Code)

For further information concerning this matter, please call:

Michelle Halpin at (823) 424-5465
(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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JAN 20 PM 12: 03

I, Michelle Halpin, hereby resign as Secretary / Director
(Title)
of Sweetened Dreams Inc.
(Name of Corporation)
P08000046031, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.

Michelle Halpin
(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