I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

SIGNATURE: TERESA SHUFFIELD

Electronic Signature of Signing Authorized Person(s) Detail

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L21000195510

Entity Name: CLERMONT CAKES, LLC

Current Principal Place of Business:

2119 LAKE ROBERTS LANDING DR. WINTER GARDEN, FL 34787

Current Mailing Address:

2119 LAKE ROBERTS LANDING DR. WINTER GARDEN, FL 34787

FEI Number: 87-2669871

Name and Address of Current Registered Agent:

SHUFFIELD, TERESA A 2119 LAKE ROBERTS LANDING DR. WINTER GARDEN, FL 34787 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	SHUFFIELD, ROBERT B	Name	SHUFFIELD, TERESA A
Address	2119 LAKE ROBERTS LANDING DR.	Address	2119 LAKE ROBERTS LANDING DR.
City-State-Zip:	WINTER GARDEN FL 34787	City-State-Zip:	WINTER GARDEN FL 34787

that my name appears above, or on an attachment with all other like empowered. 02/06/2023 MANAGER

Certificate of Status Desired: No

Date

Date