10000119638

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ddress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	, ,
•		18





500109177435

09/19/07--01017--024 **35.00

10/16/07--01010--009 **20.00

2007 OCT 15 PM 4: 23
SECRETARY OF STATE
AND ASSECTED OR DO

COVER LETTER

Division of Corporations
SUBJECT: SWIEET DELIGHTS, LLC
(Name of Limited Liability Company)
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
FRANK GOSSETT (Name of Person)
(Firm/Company)
3535 LAKE BREEZE DRIVE (Address)
LAND - O - LAKES FI 34639 (City/State and Zip Code)
For further information concerning this matter, please call:
Frank Gossett at (727) 547 - 1743 (Name of Person) (Area Code & Daytime Telephone Number
(Name of Person) (Area Code & Daytime Telephone Numbe
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$25 Filing Fee \$\ \sum \\$55 Filing Fee & Certified Copy
S25 Filing Fee \$\ \$55 Filing Fee & Certified Copy \[\begin{align*} align



September 20, 2007

FRANK GOSSETT 3535 LAKE BREEZE DRIVE LAND O'LAKES, FL 34639

SUBJECT: SWEET DELIGHTS, LLC

Ref. Number: L06000119638

We have received your document for SWEET DELIGHTS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 007A00055470

Leslie Sellers Document Specialist

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

agent, or both, in the state of Pitoriaa.
1. The name of the limited liability company is: SWEET DELIGHTS, CLC.
2. The mailing address of the limited liability company is: 3535 LAKE BREEZE DR
LAND-0-LAKES, F1 34639
12/15/06 106000119638
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
CORPORATION SERVICE CO.
Name
1201 HAYS STREET
CORPORATION SERVICE CO. Name 1201 HAYS STREET Address TALLAHASSEE, F1 32301 City, State and Zip
TALLAHASSEE, FI 32301 To City, State and Zip
City, State and Zip
6. The name and address of the new registered agent and/or office:
6. The name and address of the new registered agent and/or office: FRANK GOSSETT
Name 3535 LAKE BREEZE DRIVE
Florida street address (P.O. Box NOT acceptable)
• • •
LAND-0-LAKES FL 34639
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member)
DEBIZA GUSSETT CEO SWEET DELIGHTS (Printed or typed name of signer)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

alken 10-8-07 (Signature of Registered Agent)

> Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 **FILING FEE: \$25.00**