L1000005821

| (R | equestor's Name) | |
|-------------------------|--------------------|---------------|
| (A | ddress) | . |
| (A | ddress) | |
| (C | ity/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (B | usiness Entity Na | me) |
| (D | ocument Number) |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
| | | : |
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Office Use Only



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April 22, 2015

SCOT A SILZER SILZERLAW CHARTERED 1277 N SEMORAN BLVD., SUITE 106 ORLANDO, FL 32807 US

SUBJECT: CONDIMENTS LLC Ref. Number: L10000005821

We have received your document for CONDIMENTS LLC and your check(s) totaling \$87.50. 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) 245-6050.

Tina D Cannon Regulatory Specialist II

Letter Number: 715A00008170



COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: | |
| DOCUMENT NUMBER: L10000005821 | Liability Company |
| The enclosed Resignation of Registered Agent for a for filing. | Limited Liability Company and fee are submitted |
| Please return all correspondence concerning this ma | atter to the following: |
| Scot A. Silzer | |
| Name of Person | |
| SilzerLaw Chartered | |
| Name of Firm/Company | |
| 1277 N. Semoran Blvd. Suite 106 | |
| Address | |
| Orlando, FL 32807 | |
| City/State and Zip Code | |
| E-mail address: (to be used for future annual report noti | fication) |
| For further information concerning this matter, plea | ase call: |
| Scot A. Silzer at (| 07 \ 206-1973 |
| | rea Code Daytime Telephone Number |
| Enclosed is a check made payable to the Florida De liability company or \$25.00 for an administratively liability company. | epartment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn limited |
| MAILING ADDRESS: | STREET ADDRESS: |
| Registration Section Division of Corporations | Registration Section Division of Corporations |
| Division of Corporations | Division of Corporations |

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provision | , , | | ₹., |
|-------------------------------------|--|---------------------------|--------|
| Scot A. Silzer | , hereby res | signs as | |
| | Name of Registered Agent | TA A | 75.7 |
| Registered Agent for Condiments LLC | ondiments LLC | វភ | 5.5 g |
| 5 5 | | - P | - Xi- |
| | Name of Limited Liability Company | <u>:</u> | T 0 |
| L10000005821 | | 29 | RIOA |
| Document Nu | mber, if known | | |
| | | | |
| A copy of this resignation | on was mailed to the above listed limited liability company at | t its last known address. | |
| | on was mailed to the above listed limited liability company at d and the office discontinued on the 31st day after the date of | | filed. |
| | | | filed. |
| | d and the office discontinued on the 31st day after the date of Signature of Resigning Agent | | fîled. |
| The agency is terminated | d and the office discontinued on the 31st day after the date of Signature of Resigning Agent | | filed. |
| The agency is terminated | d and the office discontinued on the 31st day after the date of Signature of Resigning Agent | | filed. |

\$85.00 Active limited liability company
\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314