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| PICK-UP WAIT MAIL | | | |
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| (Business Entity Name) | | | |
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| Special Instructions to Filing Officer: | | | |
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| PLEASURABLE ASPECTS LLC SUBJECT: | | | | |
|---|------|--|--|--|
| Name of Limited Liability Company | | | | |
| DOCUMENT NUMBER: L13000078627 | | | | |
| The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submifor filing. | tted | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| Chase A. Berger, Esq. | | | | |
| Name of Person | | | | |
| Ghidotti Berger LLP | | | | |
| Name of Firm/Company | | | | |
| 1031 N. Miami Beach Boulevard | | | | |
| Address | | | | |
| North Miami Beach. FL 33162 | | | | |
| City/State and Zip Code | | | | |
| eberger@ghidottiberger.com | | | | |
| E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | |
| Chase A. Berger, Esq. 305 501.2808 at () | | | | |
| Name of Person Area Code Daytime Telephone Number | | | | |

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provi | sions of section 605.0115, Florida Statutes, the under | rsigned, |
|--------------------------|--|--|
| Chase A. Berger, Esq. | , on behalf of BERGER FIRM PA | , hereby resigns as |
| Name of Registered Agent | | , hereby resigns as |
| Registered Agent for | PLEASURABLE ASPECTS LLC | |
| | Name of Limited Liability Company | |
| | Name of Enflict Elability Company | |
| L13000078627 | | |
| Documen | t Number, if known | |
| A copy of this resign | ation was mailed to the above listed limited liability | company at its last known address. |
| The agency is termin | ated and the office discontinued on the 31st day after | r the date on which this statement is filed. |
| | Signature of Resigning Agent | |
| If signing on behalf of | of an entity: | |
| | Chase A. Berger, Esq., on behalf of BERGER FIR! | 4 PA |
| | Typed or Printed Name | |
| | Authorized Member | |
| | Canacity | |

FILING FEES:
\$ 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