05/05/2016 5/5/2016



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: MCLIN & BURNSED P.A.

Account Number : 104657003604

Fax Number

: (352)753-4690 : (352)751-4993

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.*

LLC REGISTERED AGENT RESIGNATION DANDY ENTERPRISES OF LAKE COUNTY, LLC

Certificate of Status	0
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Page Count	03
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Dandy Enterprises of Lake County, LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L14000176724
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dan Napieralski
Name of Person
Dandy Enterprises of Lake County, LLC
Name of Firm/Company
602 Stanley Ave.
Address
Wildwood, FL 34785
City/State and Zip Code
dnap@cfl.rr.com
E-mail address; (to be used for future annual report notification)
For further information concerning this matter, please call:
at ()
Name of Person at () Area Code Daytime Telephone Number
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (2/14)

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.0115, Florida Statutes, the	undersigned,
Brian D. Hudson		, hereby resigns as
Na	me of Registered Agent	,
Registered Agent for Dane	dy Enterprises of Lake County, LL	.C
	Name of Limited Liability Company	,
L14000176724		
Document Numb	er, if known	
A copy of this resignation	was mailed to the above listed limited liab	pility company at its last known address.
The agency is terminated a	nd the office discontinued on the 31st day Signature of Resigning A	y after the date on which this statement is filed.
If signing on behalf of an e	ntity:	16 MAY
	Typed or Printed Name	
-	Capacity FILING FEES:	7 7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
		ity company ssolved/ voluntarily dissolved/

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

withdrawn limited liability company

INH\$17 (2/14)