LIL 0000 66366

| (Re | questor's Name) | |
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| (Ad | dress) | |
| (Ad | ldress) | |
| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | me) |
| (Do | ocument Number |) |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: DESSERT HAPPENS, LLC Name of Limited Liability Company |
| DOCUMENT NUMBER: 416000066366 |
| 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: |
| MATTHEW G. WERCER Name of Person |
| THE MERCER LAW OFFICE, A PROFESSIONAL ASSN Name of Firm/Company |
| 2804 N. STH STREET, SUITE 102 Address |
| St. Augustwe, FL32084 City/State and Zip Code |
| LE89@Comcast-net E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: 824-4949 |
| Name of Person at (904) 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STREET ADDRESS:

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned, | |
|--|--|
| THE MERCER LAW OFFICE. | |
| THE MERCER LAW OFFICE, A PROFESSIONAL ASSN., hereby resign | ons as |
| Name of Registered Agent | 5.10 40 |
| | |
| Registered Agent for DESSERT HAPPENS, LL | (' |
| Registered Agent for | - |
| | |
| Name of Limited Liability Company | , |
| | |
| 11/0000/10// | |
| L16000066366 | |
| Document Number, if known | |
| | |
| A copy of this resignation was mailed to the above listed limited liability company at i | ts last known address. |
| | <u>></u> |
| The agency is terminated and the office discontinued on the 31st day after the date on | which this statement is filed |
| The agency is terminated and the office discontinues on the 51st day after the date of | |
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| | တိုင်း ထ |
| Signature of Resigning Agent | The second secon |
| Signature of Resigning Agent | |
| If ciaming on hehalf of an antity | |
| If signing on behalf of an entity: | |
| MATTHEW G. MERCER | \$ 6 |
| Typed or Printed Name | |
| Ĉ T.C | |
| | |

FILING FEES:

\$ 85.00

Capacity

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

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