

L21 000 319 310



(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

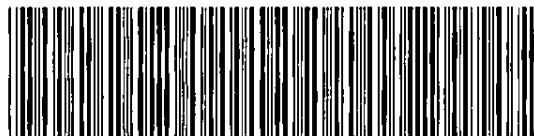
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900432963359

STATE 14-01031-4027 • 10.10

2024.11.15 PM 4:06

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sugar and Spice Developments LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L21000319360

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:

Stacey Conte

Name of Person

Name of Firm/Company

14255 Hampshire Bay Circle

Address

Winter Garden, FL 34787

City/State and Zip Code

staceyam111@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Gibson at (813) 803-4887
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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 provisions of section 605.0115, Florida Statutes, the undersigned,

Martinez Law _____, hereby resigns as

Name of Registered Agent

Registered Agent for Sugar and Spice Developments LLC

Name of Limited Liability Company

L21000319360

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Austin Weiner, President
Signature of Resigning Agent

If signing on behalf of an entity:

Martinez Law

Typed or Printed Name

PTSD

Capacity

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

2021 SEP 15 PM 4:06