

# L11000074773

Florida Department of State  
Division of Corporations  
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Division of Corporations  
Fax Number : (850) 617-0382

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Account Name : BRENNAN, MANN & DIAMOND, P.L.L.  
Account Number : 120040000104  
Phone : (904) 366-1500  
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DIVISION OF CORPORATIONS

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

Email Address: lukasz.cbhomeoffice@gmail.com

## LLC REGISTERED AGENT RESIGNATION JIMMY BRICK, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JIMMY BRICK, LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L11000074773

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:

LUKASZ ROGOWSKI

\_\_\_\_\_  
Name of Person

JIMMY BRICK, LLC

\_\_\_\_\_  
Name of Firm/Company

536 North Halifax Avenue

\_\_\_\_\_  
Address

Daytona Beach, Florida 32118

\_\_\_\_\_  
City/State and Zip Code

lukasz.cbhomeoffice@gmail.com

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

For further information concerning this matter, please call:

LUKASZ ROGOWSKI

at ( 585 ) 280-6457

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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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,

BMD ORL SERVICE LLC

hereby resigns as

Name of Registered Agent

Registered Agent for JIMMY BRICK, LLC

Name of Limited Liability Company

L11000074773

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.

Signature of Resigning Agent

If signing on behalf of an entity:

Robert Q. Lee

Typed or Printed Name

Manager

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

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