

# L14000091491

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 : BRENNAN, MAURA & DIAMOND, P.L.L.C.  
Account Number : 130040000104  
Phone : (904) 366-1500  
Fax Number : (904) 366-1501

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

Email Address: lukasz.cbhomeoffice@gmail.com

## LLC REGISTERED AGENT RESIGNATION EVENT VENUE ALTAMONTE LLC

Certificate of Status	0
Certified Copy	0
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AUG 21 2024  
T.L.C. 2024

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EVENT VENUE ALTAMONTE LLC

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

**DOCUMENT NUMBER:** L14000091491

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

EVENT VENUE ALTAMONTE 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

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

at ( 585 ) 280-6457

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

BMD ORL SERVICE LLC

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for EVENT VENUE ALTAMONTE LLC

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

L14000091491

\_\_\_\_\_  
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

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2024 AUG 20 AM 9:07  
FLORIDA DEPARTMENT OF STATE

### 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