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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : KANE AND KOLTUN, ATTORNEYS AT LAW

Account Number : I20080000039 : (407)661-1177 Phone

Fax Number : (407)660-6031

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

Email	Address:	

LLC REGISTERED AGENT RESIGNATION ORLANDO DINNER SHOW INVESTMENTS, LLC

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TO: Registration Section Division of Corporations

COVER LETTER

Orlando Dinner Shor	w Investments. LLC		
OODOC II.	Name of Limited Liability	Company	•
DOCUMENT NUMBER:L	17000214046		
The enclosed Resignation of Regfor filing.	gistered Agent for a Limited	Liability Company and fee ar	re submitted
Please return all correspondence	concerning this matter to the	ne following:	
Jeffrey M. Koltun			
Name of P	'erson		
Kane and Koltun, Attorneys at Law			
Name of Firm/	Company	•	
150 Spartan Drive, Suite 100			
Addres	is		
Maitland, Florida 32751			SI. 11V12 20
City/State and	Zip Code	,	
dale@kancandkoltun.com			3 - 5 - 5 - 5
E-mail address: (to be used for fu	iture annual report notification)	,	
For further information concerni	ing this matter, please call:		1 Hd
Dale Barnett	407 at (661-1177	7A16 77/116 38
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

PAGE 03/03

Jeffrey M. Koltun			, hereby resigns as	
	Name of Registered Agent			
Registered Agent for _	Orlando Dinner Show In	vestments, LLC		
	Name of Limit	ed Liability Company		;
L17000214046				
Document :	Number, if known			
A copy of this resignar	tion was mailed to the ab	ove listed limited liabilit	y company at its last known add	dress.
If signing on behalf of		Signatule of Redigning Agev	ter the date on which this staten	1715 134 20 FEB
	Тур	ped or Printed Name		ARY CO.
		Capacity		OF STATE
	FILING F \$ 85.00 \$ 25.00	EES: Active limited liability of Administratively dissol- withdrawn limited liabi	company vcd/ voluntarily dissolved/ llity company	3 OHC E

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