

L19000065830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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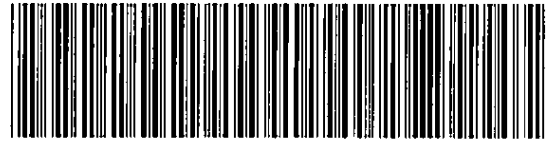
(Business Entity Name)

(Document Number)

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JULIA A. BROWN

*Ra Resignation*

APR 27 2023

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LOMBARDO HEIGHTS LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L19000065830

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:

Alberto Rodriguez, Esq., LL.M.

Name of Person

Dom Law, PA

Name of Firm/Company

1814 N. 15TH ST

Address

Tampa, FL 33605

City State and Zip Code

Alberto@domlaw.com

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

For further information concerning this matter, please call:

Antonio Lombardo  
Name of Person

at ( 813 )

494-0135  
Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

ANTONIO LOMBARDO

, hereby resigns as

Name of Registered Agent

Registered Agent for LOMBARDO HEIGHTS LLC

Name of Limited Liability Company

L19000065830

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:

Antonio Lombardo on behalf of JAGS Partners, LLC

Typed or Printed Name

Manager

Capacity

RECEIVED  
DEPARTMENT OF STATE  
FEB 13 2023

2023 FEB 13 AM 11:31

### 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