

L24000084130

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BRENNAN, MANNA & DIAMOND, P.L.L.
Account Number : 120040000104
Phone : (904) 366-1500
Fax Number : (904) 366-1501

Enter 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
CBCOVE LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CBCOVE LLC

Name of Limited Liability Company

DOCUMENT NUMBER: 124000084130

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

CBCOVE 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

585 280-6457
at () _____
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 CBCOVE LLC

Name of Limited Liability Company

1.24000084130

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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SEC

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