

**L13000100062**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

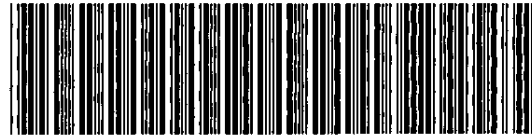
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**500299056065**

05/19/17--01012--015 \*\*25.00

**FILED**  
2017 MAY 19 AM 10:33  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MAY 22 2017  
**J. HARRIS**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BENSON CONSTRUCTION SERVICES, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L13000100062

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:

**Registered Agent Department**  
\_\_\_\_\_  
Name of Person

**BUSINESS FILINGS INCORPORATED**  
\_\_\_\_\_  
Name of Firm/Company

**8020 Excelsior Drive Suite 200**  
\_\_\_\_\_  
Address

**Madison, WI 53717**  
\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

**Registered Agent Department** at ( 800 ) 981-7183  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**BUSINESS FILINGS INCORPORATED**

, hereby resigns as

Name of Registered Agent

Registered Agent for **BENSON CONSTRUCTION SERVICES, LLC**

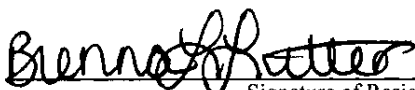
Name of Limited Liability Company

**L13000100062**

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:

**Brenna Lutter**

Typed or Printed Name

**Asst Secretary for BUSINESS FILINGS INCORPORATED**

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**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2017 MAY 19 AM 10:33

**FILED**