

LI90000 42426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

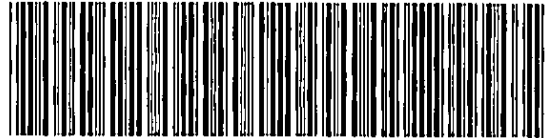
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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03/05/19--01008--031 \*\*25.00

2019 MAR -5 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MAR 14 2019  
C. McNair

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BENA ENTERPRISES LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

BENAJEANNE RAYMOND-GEDEON  
(Contact Person)

BENA ENTERPRISES LLC  
(Firm/Company)

1542 SOFTSHELL STREET  
(Address)

SAINT CLOUD FLORIDA 34771  
(City/State and Zip Code)

For further information concerning this matter, please call:

BENAJEANNE RAYMOND-GEDEON 954 6956201  
(Name of Contact Person) at (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

2019 MAR -5 AM 10:11  
REGISTRATION SECTION  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA 32314



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

2019 MAR -5 AM 10:48  
RECEIVED  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: BENA ENTERPRISES LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L19000042426

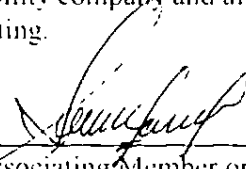
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02/28/2019

4. I, SERGE GEDEON, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGR

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)