L05000014523

(Requestor's Name)				
(Ad	dress)			
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
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(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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SECRETARY OF STATE

R.A. Rossgir

C. Coulliette JUN 0 8 2006

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Art of Inc. File LTP Partnership File Foreign Corp. File L.C. File Fictitious Name File Trade/Service Mark Merger File Ag. of Amend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Good Standing Certificate of Status Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Search Fictitious Owner Search Vehicle Search Driving Record UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval			l	
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Agl. of Amend. File				Trade/Service Mark
RA Resignation				_ Merger File
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				Dissolution / Withdrawal
Photo Copy				Annual Report / Reinstatement
Certificate of Good Standing				Cert. Copy
Certificate of Status				Photo Copy
Certificate of Fictitious Name				Certificate of Good Standing
Corp Record Search				Certificate of Status
Officer Search Fictitious Search Fictitious Owner Search Vehicle Search Driving Record UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval UCC 11 Retrie				Certificate of Fictitious Name
Fictitious Search				Corp Record Search
Fictitious Owner Search				Officer Search
Vehicle Search				Fictitious Search
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	Name	Date Tim	ne	
	Walk_In	Will Dick Up		UCC 11 Retrieval

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416((2) or 608.509, Florida Statutes, the undersigned,
Capital Connection, Inc.	, hereby resigns as
(Name of Registered Age	
Registered Agent for Bensingh G	roup, LLC
(Name of Lin	nited Liability Company)
L05000014523	
(Document Number, if known)	
A copy of this resignation was mailed to the a	bove listed limited liability company at its last known address.
The agency is terminated and the office discor	ntinued on the 31st day after the date on which this statement is filed.
Leilan	e white ature of Resigning Agent)
f signing on behalf of an entity:	
<u>Leilani Wh</u>	ite Typed or Printed Name) THE CONTROL OF THE CONT
Registered	ite Typed or Printed Name) Agent Coordinator (Capacity) Agent Report
	(Capacity) SEE. FLORIDA FEES:
FILING \$85.00 \$ 25.00	FEES: Active limited liability company 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