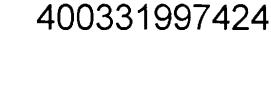
## L0500008335

(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:	#25



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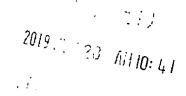
## **COVER LETTER**

. 45

TO: Registration Section	
Division of Corporations	
SUBJECT: Beneport, LLC	ited Liability Company)
(Name of Limi	ned Clabinty Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning t	this matter to:
Theodore J. Hamilton	
(Contact Person)	
Wetherington Hamilton, P.A	
(Finn/Company)	<del></del>
812 W. Dr. MLK Jr. Blvd Suite 101	
(Address)	
Tampa, FL 33602	
(City/State and Zip Code)	
For further information concerning this matte	er, please call:
Theodore Hamilton	813 225-1918 ext 114
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	o the Florida Department of State for: ☐ \$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

CR2E079 (2/14)





## 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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	eport, LLC
2. The Florida docu L0500008333	ument/registration number assigned to this limited liability company is:
3. The date this me DAVID Dave Brogar	ember/manager withdrew/resigned or will withdraw/resign is:
·	lame of Person Resigning)
Manager	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Dand Q.F.	Jogan
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)