

LD6000122085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/10/07--01010--003 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUN -4 AM 11:42

KB/act



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 11, 2007

JAMES BENAGES
518 SANTANDER AVE #1
CORAL GABLES, FL 33134

SUBJECT: TELESOURCE AMERICA LLC
Ref. Number: L06000122085

We have received your document for TELESOURCE AMERICA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.

A statement that there are no suits pending against the company in any court or that adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit must be contained in the document.

A statement that all debts, obligations, and liabilities of the limited liability company have been paid or discharged or that adequate provision has been made therefore pursuant to section 608.4421, Florida Statutes, must be contained in the document.

A statement that all the remaining property and assets have been distributed among its members in accordance with their respective rights and interests must be contained in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 107A00033052



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 15, 2007

JAMES BENAGES, ESQUIRE
JAMES BENAGES P.A.
518 SANTANDER AVE., SUITE 1
CORAL GABLES, FL 33134

SUBJECT: TELESOURCE AMERICA LLC
Ref. Number: L06000122085

We have received your document for TELESOURCE AMERICA LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock
Senior Section Administrator

Letter Number: 007A00033825

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: telesource America LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James H. Benages
(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

James Benages at (786) 287 1005
(Name of Person) (Area Code & Daytime Telephone Number)
305 884 5362

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> 30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|--|

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: telesource America LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James Benages
(Name of Person)
telesource America LLC
(Firm/Company)
518 Santander Ave #1
(Address)
Coral Gables, FL 33134
(City/State and Zip Code)

For further information concerning this matter, please call:

James Benages at (305) 884 5362
(Name of Person) (Area Code & Daytime Telephone Number)
cell 786 287 1005

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUN -4 AM 11:02

1. The name of a limited liability company is telesource America LLC
2. The Articles of Organization were filed on Dec 26, 2006 and assigned document number L06000122085
3. The date the dissolution was approved: _____
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

IDENTITY theft

(Please See Letter + Report)

5. CHECK ONE:

- ☐ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☐ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

James Benages

Printed Name

James Benages

LAW OFFICE
JAMES BENAGES P.A.
518 SANTANDER AVENUE
SUITE 1
CORAL GABLES, FL 33134
OFFICE: 305 884 5362 FAX: 305 445-5340

April 23, 2007

REGISTRATION SECTION
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

Re: **MAIL FRAUD ALERT/IDENTITY THEFT**

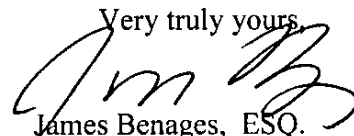
Dear Division of Corporations:

My name is James Benages and I discovered that I was victim of identity theft on April 19th, 2007. While applying for a loan at Bank of America I was asked if I had an account with them. When I said no, they showed me that someone using my exact name, date of birth, social security number opened up an account in November 2006. Someone has stolen my identity and is using the address of 1627 N.W. 18th Street, Apt. 403, Miami, FL 33125. They have also opened up a corporation called TELESOURCE AMERICA, LLC using my name (see Attached). I have also filed a police report with the City of Miami Police Department. (see attached).

I hereby request that you dissolve this fraudulent corporation.

Please review all materials I have sent and contact me at your earliest convenience to discuss this matter. You may also contact me at my cell, 786 287 1005. I will also go to any office personally to discuss this very serious matter which could have disastrous affect of my life and credit.

Thank you very much for your anticipated attention and cooperation on this matter.

Very truly yours,

James Benages, ESQ.

Printed by: 04439
Printed date/time: 4/24/07 11:45

Incident Report

Page 1 of 3

CITY OF MIAMI POLICE DEPARTMENT
400 NW 2 AVENUE
MIAMI, FLORIDA 33128
(305) 579-6111

Incident Number: 070419-114971

Incident Summary

Incident Type: WORTHLESS DOCUMENT
Inc Occurred Address: 1627 NW 18 STREET 403 MIAMI, FL 33125
Inc Occurred Start: 04/19/2007 12:00 Inc Occurred End: 04/19/2007 12:00
Domestic: N Bias Motivation: Gang Related: U
Contact Nature: CITIZEN ADVISED
Reporting Officer: COMER, EBONY Primary Assigned Officer: LOPEZ, TERESITA
Case Status: Disposition: PENDING

Report Type: ORIGINAL INCIDENT
Sector/Beat: 41/P417
Report Taken: 04/19/2007 15:49
Substance: U
Reported Date/Time: 04/19/2007 15:49
Disposition Date: 04/19/2007 12:00

Offenses

Statute Code: 817.568(2a) Enhancers:
Statute Desc: FRAUD-IMPERSON USE/POSS ID OF ANOTHER PERSON WO CONSENT
Counts: 1 Statute Severity: FELONY/THIRD DEGREE

Officers

Event Association	Emp#	Badge#	Name	Squad#
PRIMARY REPORTING OFFICER	01171	01171	COMER, EBONY	
Primary Responding Officer	01171	01171	COMER, EBONY	
SUPERVISOR	01171	01171	COMER, EBONY	
PRIMARY ASSIGNED OFFICER	04079	04079	LOPEZ, TERESITA	

Persons Involved

Person#: V1 MNI: 185075 Can ID Suspect: No
Event Association: VICTIM Contact Date/Time: 04/19/2007 12:00
Name: BENAGES, JAMES HENRY
SSN: DOB: 09/15/1964 Age: 42 - 42 Sex: MALE Race: WHITE
Height: Weight: Eye Color: Hair Color:
Address: 518 SANTANDER AVENUE 1 CORAL GABLES, FLORIDA 33134 Sector/Beat:
Phone Type 1: HOME Phone# 1: (786) 287-1005 Ext 1:
Phone Type 2: WORK Phone# 2: (305) 884-5362 Ext 2:
DL State: DL#: DL Exp. Date:
Occupation: Employer/School:

Person Offenses

Statute Code: 817.568(2a) Enhancers:
Statute Desc: FRAUD-IMPERSON USE/POSS ID OF ANOTHER PERSON WO CONSENT
Counts: 1

THIS IS TO CERTIFY THAT
THE ORIGINAL FILED WITH
THE MIAMI POLICE DEPARTMENT

Incident Report

CITY OF MIAMI POLICE DEPARTMENT
400 NW 2 AVENUE
MIAMI, FLORIDA 33128
(305) 579-6111

Incident Number: 070419-114971

Narratives

ENTERED DATE/TIME: 4/19/2007 15:49:00

NARRATIVE TYPE: ORIGINAL INCIDENT

SUBJECT: NARRATIVE SUPPLEMENT

AUTHOR: COMER, EBONY

THE VICTIM WALKED INTO THE SDSS TO MAKE AN IDENTITY THEFT REPORT ON 4/19/07. THE VICTIM STATED THAT HE ATTEMPTED TO OPEN A BANK ACCOUNT UNDER BANK OF AMERICA. THE VICTIM THEN DISCOVERED THAT SOMEONE USED HIS IDENTITY TO OPEN AN ACCOUNT WITH HIS SOCIAL SECURITY NUMBER AND PICTURE ID. THE VICTIM STATED THAT THE UNKNOWN PERSON ALSO OPENED A BUSINESS OF TELESOURCE AMERICA LLC WITH TAX ID #8467847 UNDER HIS NAME WITH THE ADDRESS OF 1627 NW 18 STREET #403 MIAMI, FL 33125. THE VICTIM STATED THAT HE NEVER GAVE ANYONE PERMISSION TO OBTAIN HIS IDENTITY TO OPEN AND BANK ACCOUNT NOR OPEN A BUSINESS.

NOTE: ECONOMIC CRIMES WERE UNAVAILABLE.

ENTERED DATE/TIME: 4/19/2007 16:09:00

SUBJECT: ADDITIONAL INFORMATION

Offense 1

Offender Used Officer Weapon:

Officer Fired Weapon:

Offender Fired Weapon:

Offender Distance From Officer:

Offense 2

Offender Used Officer Weapon:

Officer Fired Weapon:

Offender Fired Weapon:

Offender Distance From Officer:

Offense 3

Offender Used Officer Weapon:

Officer Fired Weapon:

Offender Fired Weapon:

Offender Distance From Officer:

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Printed by: 04439
Printed date/time: 4/24/07 11:45

Incident Report

Page 3 of 3

CITY OF MIAMI POLICE DEPARTMENT
400 NW 2 AVENUE
MIAMI, FLORIDA 33128
(305) 579-6111

Incident Number: 070419-114971

Offense 4

Offender Used Officer Weapon:

Officer Fired Weapon:

Offender Fired Weapon:

Offender Distance From Officer:

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CITY OF MIAMI POLICE DEPARTMENT - STATUTE SUMMARY

Incident Number: 070419-114971	Incident Type: 54 - WORTHLESS DOCUMENT
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Offense No: 1	Person No:	Counts:	Person No:	Counts:	Person No:	Counts:	Person No:	Counts:	Person No:	Counts:	Person No:	Counts:
Offense Description: FRAUD- IMPERSON USE/POSS ID OF ANOTHER PERSON WO CONSENT							Statute Number: 817.568 (2a)		Classification: FELONY/THIRD DEGREE		Total Counts: 1	
Attempted:		Suspected Bias:		Nature of Larceny:				Robbery Location:				
Enhancers:			Offender Suspected of Using (1):			(2):			(3):			
Type of Criminal Activity (1):				(2):				(3):				
Weapon/Force (1):			Automatic <input type="checkbox"/>		Weapon/Force (2):			Automatic <input type="checkbox"/>		Weapon/Force (3): Automatic <input type="checkbox"/>		
Offender Used Officer Weapon:			Officer Fired Weapon:			Offender Fired Weapon:			Offender Distance From Officer:			

Offense No:	Person No:	Counts:	Person No:	Counts:	Person No:	Counts:	Person No:	Counts:	Person No:	Counts:	Person No:	Counts:
Offense Description:							Statute Number:		Classification:		Total Counts:	
Attempted:		Suspected Bias:		Nature of Larceny:				Robbery Location:				
Enhancers:			Offender Suspected of Using (1):			(2):			(3):			
Type of Criminal Activity (1):				(2):				(3):				
Weapon/Force (1):			Automatic <input type="checkbox"/>		Weapon/Force (2):			Automatic <input type="checkbox"/>		Weapon/Force (3): Automatic <input type="checkbox"/>		
Offender Used Officer Weapon:			Officer Fired Weapon:			Offender Fired Weapon:			Offender Distance From Officer:			

Offense No:	Person No:	Counts:	Person No:	Counts:	Person No:	Counts:	Person No:	Counts:	Person No:	Counts:	Person No:	Counts:
Offense Description:							Statute Number:		Classification:		Total Counts:	
Attempted:		Suspected Bias:		Nature of Larceny:				Robbery Location:				
Enhancers:			Offender Suspected of Using (1):			(2):			(3):			
Type of Criminal Activity (1):				(2):				(3):				
Weapon/Force (1):			Automatic <input type="checkbox"/>		Weapon/Force (2):			Automatic <input type="checkbox"/>		Weapon/Force (3): Automatic <input type="checkbox"/>		
Offender Used Officer Weapon:			Officer Fired Weapon:			Offender Fired Weapon:			Offender Distance From Officer:			

Offense No:	Person No:	Counts:	Person No:	Counts:	Person No:	Counts:	Person No:	Counts:	Person No:	Counts:	Person No:	Counts:
Offense Description:							Statute Number:		Classification:		Total Counts:	
Attempted:		Suspected Bias:		Nature of Larceny:				Robbery Location:				
Enhancers:			Offender Suspected of Using (1):			(2):			(3):			
Type of Criminal Activity (1):				(2):				(3):				
Weapon/Force (1):			Automatic <input type="checkbox"/>		Weapon/Force (2):			Automatic <input type="checkbox"/>		Weapon/Force (3): Automatic <input type="checkbox"/>		
Offender Used Officer Weapon:			Officer Fired Weapon:			Offender Fired Weapon:			Offender Distance From Officer:			

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CITY OF MIAMI POLICE DEPARTMENT - NARRATIVE SUPPLEMENT

Incident Number: 070419-114971	Incident Type: 54 - WORTHLESS DOCUMENT
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Narrative Report:

Date: 04192007	Time: 1549	Narrative Report Type: ORIGINAL INCIDENT	Incident/Offense Location: 1627 NW 18 STREET Apt. 403 MIAMI FL 33125
Reporting Officer/ID: 01171 COMER, EBONY		Supervisor Approving: 01171 COMER, EBONY	

Narrative:

THE VICTIM WALKED INTO THE SDSS TO MAKE AN IDENTITY THEFT REPORT ON 4/19/07. THE VICTIM STATED THAT HE ATTEMPTED TO OPEN A BANK ACCOUNT UNDER BANK OF AMERICA. THE VICTIM THEN DISCOVERED THAT SOMEONE USED HIS IDENTITY TO OPEN AN ACCOUNT WITH HIS SOCIAL SECURITY NUMBER AND PICTURE ID. THE VICTIM STATED THAT THE UNKNOWN PERSON ALSO OPENED A BUSINESS OF TELESOURCE AMERICA LLC WITH TAX ID #8467847 UNDER HIS NAME WITH THE ADDRESS OF 1627 NW 18 STREET #403 MIAMI, FL 33125. THE VICTIM STATED THAT HE NEVER GAVE ANYONE PERMISSION TO OBTAIN HIS IDENTITY TO OPEN AND BANK ACCOUNT NOR OPEN A BUSINESS.

NOTE: ECONOMIC CRIMES WERE UNAVAILABLE.

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CITY OF MIAMI POLICE DEPARTMENT - INCIDENT REPORT

Incident Summary:

Incident Number: 070419-114971		ORI Number: FL0130600		Report Type: ORIGINAL INCIDENT	
Incident Type: 54 - WORTHLESS DOCUMENT					
Incident/Offense Location: 1627 NW 18 STREET Apt. 403 MIAMI FL 33125				Building No:	County: MIAMI - DADE
Location Type: APARTMENT / CONDO				Channel/Area:	Beat:
Incident Occurred Date (Start): 04192007	Time: 1200	Incident Occurred Date (End):	Time:	Report Taken: 04192007	Time: 1549
Domestic: NO	Bias Motivation:	Gang Related:	Substance:	Senior Involved:	
Contact Nature: CITIZEN ADVISED				Date Originally Reported: 04192007	Time: 1549
Offense Description: FRAUD-IMPERSON USE/POSS ID OF ANOTHER PERSON WO CONSENT				Statute Number: 817.568 (2a)	Classification: FELONY/THIRD DEGREE
Reporting Officer: 01171 COMER, EBONY		Supervisor Approving: 01171 COMER, EBONY			
Assisting Officer:	Unit No:	Assisting Officer:	Unit No:	Assisting Officer:	Unit No:
Investigating Officer:	Unit No:	CIS Person Contacted:			Unit No:

Victim / Person Reporting Summary:

Person No: V1	MNI:	Event Association: VICTIM	Victim Type: INDIVIDUAL	Can ID Suspect: NO	Contact Date: 04192007	Time:
Name: BENAGES, JAMES HENRY		Alias:		Prefix:		
Social Security No:	Date of Birth: 09151964	Age (Range): 42	Infant Type:	Sex: MALE	Race: WHITE	Ethnicity: U
Height (Range):	Weight (Range):	Eye Color:	Hair Color:	Victim/Suspect Relationship:		Juvenile: NO
Address 1: 518 SANTANDER AVENUE Apt. 1 CORAL GABLES FL 33134				Building No:	County: MIAMI - DADE	
Phone Type: HOME	Phone Number: 786-287-1005	Ext:	Phone Type: WORK	Phone Number: 305-884-5362	Ext:	
Bus Person Association:						
DL State:	DL Number:	Exp Date:	Occupation:	Employer / School Name:		
Address 2:				Building No:	County: MIAMI - DADE	
Gang Name:		Means of Attack:		Agg Assault/Homicide:		
<input type="checkbox"/> Death <input type="checkbox"/> Injury	Nature/Cause:					
EMS Notified Date:	EMS Notified Time:	EMS Arrived Date:	EMS Arrived Time:	EMS Attendants Number:		
Transported To:	Transported By:	Medical Attendant Type:		Medical Attendant Name:		
Death Pronounced Date:	Death Pronounced Time:	<input type="checkbox"/> Coroner notified <input type="checkbox"/> Next of kin notified		Notified By:		
Injuries:						
Medical Condition:						
Medications:						
<input type="checkbox"/> Medical clearance required	Medical Clearance By:					

Business Information:

Connected to Incident as:			
Business Name:		Business Type:	
Address:		Building No:	County: MIAMI - DADE
Business Phone:	Victim Type:	Bus Offense (1):	Bus Offense (2):

CAD Information:

Caller Name:		Caller Location:	
Caller Address:		Building No:	County: MIAMI - DADE
Phone Type:	Phone Number:	Ext:	Phone Type:
Date Dispatched:	Time:	Date Arrived:	Time:
Geo Code:		Local Geo Code:	

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