L11000061485

(Req	questor's Name)	
(Add	iress)	
(Add	lress)	
(City	//State/Zip/Phone	? #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only



500224047975

03/16/12--01004--001 **85.00

12 MAR 15 AM 9: 26

OEFAST CENT OF STATE
DIVISION OF CORPORATIONS
TALLAMASSEE, FLORIDA

RECEIVED

2 MAR 15 AM 9: 1

C. LEWIS MAR 1 6 2012 EXAMINER

CORPORATE ACCESS,

"When you need ACCESS to the world"

INC.

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

-	PICK UP:	3/13 ana
	CERTIFIED COPY	
ΓV	РНОТОСОРУ	
M	CUS	RESIGNATION (Amen)
1	SENTUNE Proper	ties LCC
	CORPORATE NAME AND DOCUMENT	4)
,,		
((CORPORATE NAME AND DOCUMENT	<i>t</i>)
(C	CORPORATE NAME AND DOCUMENT #	f)
_(C	ORPORATE NAME AND DOCUMENT #	7)
(C	ORPORATE NAME AND DOCUMENT #	()
	NSTRUCTIONS:	•

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section	n 608,416(2) or 608,509. Florid	a Statutes, the undersigned.	花黄豆
		_	A TELED
Rhonda Bentley Name of Registered Agent		, hereby resigns as	開発を
Registered Agent for	Bentvine Prop	perties LLC	9: 28
1	Name of Limited Liability Company		<u></u>
L11000061485			
Document Number, if know	vn	1	
A copy of this resignation was mail	ed to the above listed limited lia	bility company at its last kno	wn address.
The agency is terminated and the of	fice discontinued on the 31st day	y after the date on which this	statement is filed.
	Thond's Resigning A	Agent	
If signing on behalf of an entity:			
·	Typed or Printed Name		
		. ·	
	Capacity		

FILING FEES:

\$ 85.00 \$ 25.00

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withdrawn limited liability company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