L12000154560

(Requestor's Name)
•
(Address)
(Address)
(1441050)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Document Number)
Cartificat Canina Cartificates of Status
Certified Copies Certificates of Status
Charles Instructions to Filing Officer
Special Instructions to Filing Officer:
,

Office Use Only



800285543118

06/06/16--01010--001 **25.00

THE JUN -6 P 3: 32

CORETARY OF STATE
LAHASSEF, FLORING

S Warren JUN 0 8 2016

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: BEA'S BROOKLYN'S BEST LLC	
Name of Limited Liability (Company
DOCUMENT NUMBER: L12000154560	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e following:
GUS BENITEZ, Esquire	
Name of Person	
Name of Firm/Company	
1223 East Concord Street	
Address	
Orlando, FL 32803	
City/State and Zip Code	
GUS@ARBenitez.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
at ()	894-5000
Name of Person Area Code	Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115	, Florida Statutes, the unde	lersigned,	
Gus Benitez		_ , hereby resigns as	
Name of Registered Agent		_,,g	
Registered Agent for BEA'S BROOKLYN'	'S BEST LLC		
Name of Limit	ted Liability Company		
L12000154560			
Document Number, if known			
A copy of this resignation was mailed to the ab	oove listed limited liability	company at its last known address.	
The agency is terminated and the office discon	atinued on the 31st day after	er the date on which this statement is	filed.
If signing on behalf of an entity:	Signature of Resigning Agent		
Ту	ped or Printed Name		
	Capacity	-6 P 3	
FILING 1 \$ 85.00 \$ 25.00	FEES: Active limited liability c Administratively dissolv withdrawn limited liabil	company S S S S S S S S S S S S S S S S S S S	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314