

L13000/00599

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FEB 22

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BENGALS LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L13000100599

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GUADALUPE MARTINEZ

\_\_\_\_\_  
Name of Person

BENGALS LLC

\_\_\_\_\_  
Name of Firm/Company

2704 JUNIPER DR

\_\_\_\_\_  
Address

EDGEWATER FL 32141

\_\_\_\_\_  
City/State and Zip Code

luevanomar@aol.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GUADALUPE MARTINEZ

at ( 386 ) 689-9350

\_\_\_\_\_  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**SELINA AHMED**

, hereby resigns as

Name of Registered Agent

Registered Agent for **BENGALS LLC**


Name of Limited Liability Company

**L13000100599**

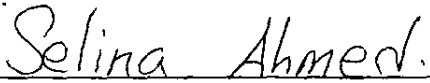
Document Number, if known

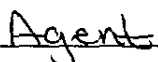
A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
Signature of Resigning Agent

If signing on behalf of an entity:

  
Typed or Printed Name

  
Capacity

## **FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 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

FILED  
2016 FEB 18 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA