

L13000152489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

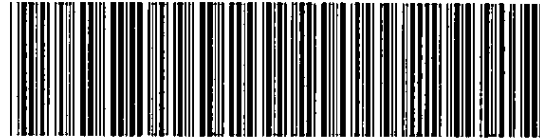
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800380081598

02/04/22--01019--007 **55.00

FILED
2022 FEB -4 AM 7:37
SECRETARY OF STATE
TALLAHASSEE, FL

CC
CanAmtyHuth

FEB 16 2022

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

INVERSIONES BENITO SUAREZ, LLC

SUBJECT: _____
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Amendment or Cancellation of Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JULIE COHEN

Name of Person

STROCK & COHEN ZIPPER LAW GROUP PA

Firm/Company

2900 GLADES CIR STE 750

Address

WESTON, FL 33327

City/State and Zip Code

JCOHEN@STROCKLAW.COM

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

For further information concerning this matter, please call:

JULIE COHEN

954 6592220
at ()

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following:

FIRST: The name of the limited liability company is: INVERSIONES BENITO SUAREZ LLC

SECOND: The Florida Document number of the limited liability company is: L13000152489

THIRD: The street address of the limited liability company's principal office is:

448 LAKEVIEW DRIVE UNIT 3

WESTON, FL 33326

The mailing address of the limited liability company's principal office is:

448 LAKEVIEW DRIVE UNIT 3

WESTON, FL 33326

FOURTH: The date the statement of authority became effective is: May 2, 2018

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is

Maria Ligia Suarez de Benito
Signature of authorized representative

Maria Ligia Suarez de Benito

Jaime Fernando Benito Suarez

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

SECRETARY OF STATE
TALLAHASSEE, FL

2022 FEB -4 AM 7:37

FILED