Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : IRA L. KAHN ATTORNEY AT LAW

Account Number : I20050000091 Phone : (954)925-8222 Fax Number : (954)212-0441

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BENJIVEGA, LLC.

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A. LURT

Electronic Filing Menu

Corporate Filing Menu

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

of State is:	BENJIVEGA, I	LLC
2. The Florida doct	urnent/registration number as	ssigned to this limited liability company is:
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is: September 8, 2021
A	·	
4. I, Print N	Jame of Person Resigning)	, hereby withdraw/resign as a
Manager and Mer	•	
	(Print Titls)	
resignation in wr		e limited liability company has been notified of my
Signature of Di	issociating Member or Resig	ning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	
		,
CR2E079 (2/14)		

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