

L14000 117494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

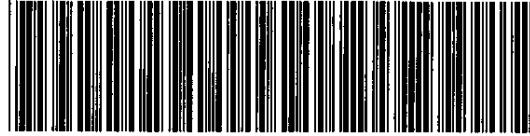
(Business Entity Name)

(Document Number)

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16 JUN 27 PM 2:16  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

JUN 28 2016  
Y SULKER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WATCH & JEWELRY SERVICE BY BENNY LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

SILVANA ZARGON

(Contact Person)

(Firm/Company)

910 N.W. 96<sup>th</sup> Ave.

(Address)

Plantation, FLORIDA 33324

(City/State and Zip Code)

For further information concerning this matter, please call:

SILVANA ZARGON

(Name of Contact Person)

at (954) 980-9916

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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





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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: WATCH & JEWELRY SERVICE BY BENNY LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L14000117444

3. The date this member/manager withdrew/resigned or will withdraw/resign is: JUNE 21, 2016

4. I, SILVANA ZARGON, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Manager, Member, Vice-Presiding Member, Secretary  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

16 JUN 27 PM 2:16  
RECEIVED  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)