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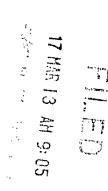
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Benbin, LLC (Name of Limited Liability Company)
(Name of Limited Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Trease retain an correspondence concerning and makes to the ronowing.
1 Asa
Jacqueline Crisa (Name of Person)
(Name of Ferson)
(Firm/Company)
11171 Pina Ray Dr
1421 Pine Bay Dr. (Alidress)
Sarasota, +L 34231
(City/State and Zip Code)
For further information concerning this matter, please call:
Jacqueline Clisa at 404, 200.7279
(Name of Person) at (404) 200.7279 (Area Code & Daytime Telephone Number)
V
Enclosed is a check for the following amount:
\$25.00 Filing Fee and Certificate of Dissolution \$\sigma \text{\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)}\$
Continue copy (additional copy is diviosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

١.	The name of a limited liability company is
	Benbini, LLC
2.	The Articles of Organization were filed on $3.30.2016$ and assigned
	document number <u>L 16000663568</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: 12.31.16 (effective date cannot be prior to or more than 90 days later than date document is received for filing) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
	We are closing the business down due to lack:
	of sales and funds.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
	1427 Pine Bay Dr.
	Sarasita, FL 34231
£	Signature of an authorized person or if there are no members, the signature of the person appointed and
lis	ted above to wind up the company's activities and affairs:
	Ludine Crisa Signature Acqueline Crisa Printed Name
	/ I

FILING FEE: \$25.00