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(R	equestor's Name)	
(Address)		
(Address)		
(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates o	of Status
Special Instructions to Filing Officer:		
11 milk		
		

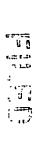
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COVER LETTER

TO: Registration Section Division of Corporations	
Manager ressignation SUBJECT:	
(Name of Limited L	.iability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
SELENA BRYAN'T	
(Contact Person)	
BENCH WARS LLC	
(Firm/Company)	
6660 KATHERINE ROAD	
(Address)	
WEST PALM BEACH, FL, 33413	
(City/State and Zip Code)	
For further information concerning this matter, p	lease call:
SELENA BRYANT at (561 512-9226
	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	Florida Department of State for:
	\$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
- · · · · · · · · · · · · · · · · · · ·	Tallahassee, FL 32303

CR2E079 (2/14)

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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)

1. The name of the	limited liability company a	s it appears on the records of the Florida Department
of State is:	CH WARS LLC	
2. The Florida docu	ument/registration number a	assigned to this limited liability company is:
SELENA BRVA	N'T	signed or will withdraw/resign is: 06/01/2023, hereby withdraw/resign as a
(Print N	ame of Person Resigning)	, hereby withdraw/resign as a
MANAGER		
((Print Title)	
of this limited lial resignation in wr		he limited liability company has been notified of my
Signature of Di	issociating Member or Resi	gning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	