

**L18000226288**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

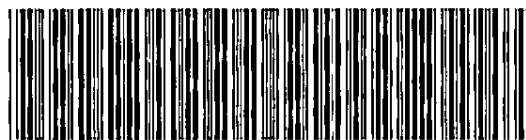
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700353337427

10/19/20--01000--010 \*\*25.00

10/19/20 10:00 AM

O SIMMONS

NOV 17 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Benji Productions , LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L18000226288

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patrick DiSalvo

Name of Person

DFS Agent, LLC

Name of Firm/Company

1760 N Jog Road #150

Address

West Palm Beach, FL 33411

City/State and Zip Code

Jjoseph@d-acpa.com

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

For further information concerning this matter, please call:

Patrick DiSalvo

at ( 561 ) 659-1177

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**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

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

DFS Agent, LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for Benji Productions, LLC

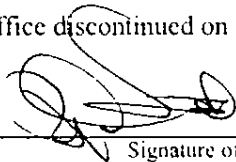
Name of Limited Liability Company

L18000226288

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Patrick DiSalvo

Typed or Printed Name

Member

Capacity

### **FILING FEES:**

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314