L19000005917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

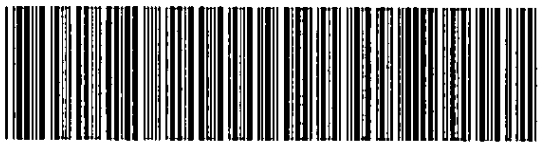
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
2021 DEC 29 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
JAN 04 2022

FLORIDA DEPARTMENT OF STATE 2021 DEC 29 AM 10:54
Division of Corporations

December 13, 2021

MARILYN BENLOLO
8726 NW 26 ST, UNIT 7
DORAL, FL 33172

SUBJECT: HUESPE BENLOLO LLC
Ref. Number: L19000005817

We have received your document for HUESPE BENLOLO LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE ENTER DATE MEMBER WITHDRAW/RESIGN FROM ENTITY.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor Letter Number: 021A00029917

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Huespe Benlolo LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marilyn Benlolo
Name of Person

Huespe Benlolo LLC
Firm/Company

8726 NW 26 Street, Unit 7
Address

Doral, FL 33172
City/State and Zip Code

marilynbenlolo@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marilyn Benlolo at (786) 9421241
Name of Person — Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

■ $25 Filing Fee ❑ $55 Filing Fee & Certified Copy

INHS18 (2/14)

FILED

2021 DEC 29 AM 12:22

SECRETARY OF STATE
TALLAHASSEE, FL

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: Huespe Benlolo LLC.

2. The Florida document/registration number assigned to this limited liability company is: L19000005817.

3. The date this member/manager withdrew/resigned or will withdraw/resign is: December 6th, 2021

4. I, Marilyn Benlolo, *(Print Name of Person Resigning)* hereby withdraw/resign as a Manager. *(Print Title)*

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

Signature of Dissociating Member or Resigning Manager

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

CR2E079 (2/14)