

**L19000143647**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : PRIME ACCOUNTING & CONSULTANCY LLC  
Account Number : I20180000090  
Phone : (407)232-6777  
Fax Number : (407)710-0533

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BEEW LLC**

Certificate of Status	0
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OCT 19 2021  
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BEEW 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:

FELIPE MARDAKIS  
\_\_\_\_\_  
(Contact Person)

ASCENT ACCOUNTING GROUP  
\_\_\_\_\_  
(Firm/Company)

7345 W SAND LAKE RD STE 209  
\_\_\_\_\_  
(Address)

ORLANDO, FL 32819  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

FELIPE MARDAKIS 407 232-6777  
\_\_\_\_\_  
(Name of Contact Person) at ( ) (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

**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

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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 as it appears on the records of the Florida Department of State is: BEEW LLC.
2. The Florida document/registration number assigned to this limited liability company is:  
L19000143647.
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/18/2021
4. I, FAUSTO DA SILVA BENTO, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MANAGER  
*(Print Title)*

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

FAUSTO DA SILVA BENTO

Signature of Dissociating Member or Resigning Manager

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