

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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ALLAHASSE, FLORIDA

**LLC REGISTERED AGENT RESIGNATION
BEEW LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$85.00

46

ALLAHASSE, FLORIDA

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W.H.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEEW LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L19000143647

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:

FELIPE MARDAKIS
Name of Person

ASCENT ACCOUNTING GROUP
Name of Firm/Company

7345 W SAND LAKE RD STE 209
Address

ORLANDO, FL 32819
City/State and Zip Code

FILINGS@ASCENTACCOUNTING.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FELIPE MARDAKIS at (407) 2326777
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

DocuSign Envelope ID: 949C8A72-80BD-44A2-BF79-4F7AB24C86D1

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

FAUSTO DA SILVA BENTO

, hereby resigns as

Name of Registered Agent

Registered Agent for BEEW LLC

Name of Limited Liability Company

L19000143647

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.

FAUSTO DA SILVA BENTO

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

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

INHS17 (2/14)

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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