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(Requestor's Name)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
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(Danumant Number)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Special management to rining emean.		
J. HORNE		
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FEB - 8 2023		

Office Use Only



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COVER LETTER

STID IECT, DESCRISE WALL DRIVED THE LLC	
SUBJECT: BENTON VALE PROPERTIES LLC Name of Limited	Liability Company
DOCUMENT NUMBER: 1.20000306426	
The enclosed Resignation of Registered Agent for a for filing.	Limited Liability Company and fee are submitted
Please return all correspondence concerning this ma	atter to the following:
Chelsea Chapman	
Name of Person	.
Legaline Corporate Services, INC.	
Name of Firm/Company	
10601 Clarence Dr Ste 250	
Address	·
Frisco, TX 75033-3867	
City/State and Zip Code	
ra@legaline.com	
E-mail address: (to be used for future annual report notif	ication)
For further information concerning this matter, plea	se call:
Chelsea Chapman 84	4 386-0178
	rea 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

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

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. . . .

Pursuant to the provisions of section 605.0115, Florida Statutes, the	e undersioned	2022 NOV 14 SECRETARY VLLAHASSET
Legaline Corporate Services, INC.	. hereby resigns as	
Name of Registered Agent	Hereby resigns as	
Registered Agent for BENTON VALE PROPERTIES LLC		3 17
		2.57
Name of Limited Liability Company		7
		3
1.20000306426		
Document Number, if known		
A copy of this resignation was mailed to the above listed limited lia	ability company at its last kno	own address.
The agency is terminated and the office discontinued on the 31st da	A.	s statement is tiled.
If signing on behalf of an entity:		
Zachary Mathewson		
Typed or Printed Name		
On Behalf of Legaline Corporate Services. In	NC.	
Capacity		

FILING FEES:

S \$5.00 Active limited liability company

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