Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000277705 3)))



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Ta:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RASI

Account Number : 120220000023 Phone : (800)221-2972 Fax Number : (917)243-5843

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

Email	Address:	

LLC REGISTERED AGENT RESIGNATION BENJAMINCHARLES REALTY LLC

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BENJAMINCHARLES REALTY LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000193842	- 1
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	he following:
TRACEE COTTON	
Name of Person	-
BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.	
Name of Firm/Company	-
100 WALL STREET, SUITE 503	
Address	-
NEW YORK, NY 10005	
City/State and Zip Code	_
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
TRACEE COTTON S00 at (221-2972 X1550
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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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, (he undersigned,
BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.	, hereby resigns as
Name of Registered Agent	
Registered Agent for BENJAMINCHARLES REALTY LLC	
Name of Limited Liability Company	*
1.21000193842	
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	
If signing on behalf of an emity:	
MARY BROOKS	AP 2022 AUG SECRETATIA TALLAHA
Typed or Printed Name ASSISTANT SECRETARY	
FILING FEES: \$ 85.00 Active limited lia \$ 25.00 Administratively withdrawn limite	ability company dissolved/voluntarily dissol

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