L2100281055

(Ret	questor's Name)	
(Add	dress)	
(Address)		
(City/State/Zip/Phone #)		
		MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
	Office Use On	ly



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of 11/1/2022

COVER LETTER

FO: Registration Section Division of Corporations

SUBJECT: Benchmark Properties 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:

Henry M. Carlstrom

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(Contact Person)

Benchamrk Properties LLC

(Firm/Company)

1300 E Fisher Street

(Address)

Pensacola, FL 32503

(City/State and Zip Code)

For further information concerning this matter, please call:

 Henry M Carlstrom
 at (
)

 (Name of Contact Person)
 (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

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 17, 2022

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HENRY M CARLSTROM 1300 E FISHER STREET PENSACOLA, FL 32503

SUBJECT: BENCHMARK PROPERTIES LLC Ref. Number: L21000281055

We have received your document for BENCHMARK PROPERTIES LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Claretha Golden Regulatory Specialist II

Letter Number: 222A00023209



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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: _____
- 2. The Florida document/registration number assigned to this limited liability company is: L21000281055
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: _____
- Mark C. Fisher

4. I, ______, hereby withdraw/resign as a ______, hereby withdraw/resign as a

Managing Member

(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)