# 121000 411 401

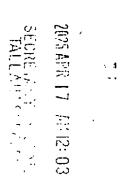
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Dusiness Littly Name)	
(Document Number)	
(	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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04/17/25--01022--005 \*\*25.00



S. Brown 6 7. 2025

#### **COVER LETTER**

TO: Registration Section Division of Corporations		
BUILDING BENJAMINS LLC SUBJECT:		
Name of Limited Liability	Company	
DOCUMENT NUMBER: 1.21000411401		
The enclosed Resignation of Registered Agent for a Limited for filing.	l Liability Company and fee ar	e submitted
Please return all correspondence concerning this matter to the	ne following:	
Ryan Potter		
Name of Person	,	
ZenBusiness Inc.		
Name of Firm/Company	,	
336 E. College Ave. Suite 301		
Address	· ·	20
Tallahassee, FL 32301	TALI	2025 NPR 17
City/State and Zip Code		-
ra@zenbusiness.com		1 (4) (2: 03
E-mail address: (to be used for future annual report notification)		<u>5</u>
For further information concerning this matter, please call:	• ;	55
Ryan Potter 844 at (	493-6249	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statutes	, the undersigned,			
ZENBUSINESS INC.		, hereby resigns a	ns		
	Name of Registered Agent	(			
Registered Agent for _					
BUILDING BENJAMI	NS LLC				
	Name of Limited Liability Compa	ny			
L21000411401					
Document N	lumber, if known				
A copy of this resignat	ion was mailed to the above listed limite	d liability company at its las	st known ad	dress.	
The agency is terminat	ed and the office discontinued on the 31s	st day after the date on which	h this stater	nent is file	d.
	Signature of Resign	ing Agent			
If signing on behalf of	an entity:		SEC	: . 2025 APR	
	Khadijeh Hemmati		E-R	<u>주</u>	
	Typed or Printed Name			 	•
	Secretary			ia.	
	Capacity			MI   2: 03	

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

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