123000031947

(Re	questor's Name)	
(Add	dress)	
bbA)	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Dod	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to f	Filing Officer:	
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01/08/24--01019--018 **25.00

COVER LETTER

Division of Corporations	
SUBJECT: BENGO FIRE LLC	
(Name of Limited Li	ability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this n	natter to:
MAYERLIN K GONZALEZ	
(Contact Person)	
(Firm/Company)	
5321 NE 24 th TER 312A	
(Address)	
FORT LAUDERDALE FL 33308	
(City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
NADESKA J BENITEZ	786 6740728
	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the ■ \$25 Filing Fee	Florida Department of State for: S55 Filing Fee & Certified Copy
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

CR2E079 (2/:4)

TO: Registration Section



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)

	limited liability company as it appears o	·
2. The Florida docu	men registration number assigned to th	is limited liability company is:
3. The date this men	mber/manager withdrew/resigned or wil	12/16/2023; ! withdraw/resign is:;
3.4.4.3.7.CDT 13.1.17.7.	ONZALEZ, hereb	·
MANA JER)
(Prin: Title)	:
resignation in wri	ility company and affirm the limited liating. Let Carry and affirm the limited liating. Sociating Member or Resigning Manag	· · · · · · · · · · · · · · · · · · ·
	\$25.00 (Required) \$30.00 (Optional)	