## 

(Requestor's Name)
(Address)
· ·
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
- 11
1 21/m/lc





08/25/24--01018--028 \*\*25.00

## **COVER LETTER**

TO:	Regis	stration Section			
	Divis	ion of Corporations			
SUBJF	ECT:	CASAS DE BENAIAH LLC			
	-	(Name of	Limited Lia	bility Co	
The end	closed	member, resignation or diss	ociation a	and fee	(s) are submitted for filing.
Please	return	all correspondence concerni	ng this m	atter to	:
Timothy	Doyle				
		(Contact Person)	_	<del></del>	<u> </u>
DC CAF	PITAL	GROUP USA INC			
		(Firm/Company)			_
10523 W	VARLO	DW CREEK STREET			
		(Address)			<u> </u>
ORLAN	DO FL	. 32832			
		(City/State and Zip Code)			_
For furt	her in	formation concerning this m	atter, plea	se call	:
TIMOTI	HY DC	YLE	40 at (	7	595-2811
	(Na	nme of Contact Person)		ea Cod	e & Daytime Telephone Number)
Enclose	ed plea	ase find a check made payab	le to the F	lorida	Department of State for:
<b>≡</b> \$25					ig Fee & Certified Copy
	Mailin	g Address:			Street Address:
	Regist	tration Section			Registration Section
		on of Corporations			Division of Corporations
		Box 6327			The Centre of Tallahassee
·	Fallah	nassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



## 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)

of State is: CASAS DE BENAIAH LLC  2. The Florida document/registration number	assigned to this limited liability company is:		
1.24000155176			
3. The date this member/manager withdrew/r	resigned or will withdraw/resign is:		
I, hereby withdraw/resign as a, hereby withdraw/resign as a			
Title AMBR			
(Print Title)	•		
of this limited liability company and affirm resignation in writing.	the limited liability company has been notified of		
	the limited liability company has been notified of		

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: