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Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO: Registration Section Division of Corporations	•
SUBJECT: Ben's Pain (Name of Limit	ed Liability Company)
The enclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please return all correspondence concerning th	nis matter to:
Tient Emerson (Contact Person)	
Ben's Paint Supply L	16
122 South Segrave St	Suite 140
Daytona Beach, FL 32 (City/State and Zip Code)	2114
For further information concerning this matter	, please call:
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to 됯 \$25 Filing Fee	the Florida Department of State for:  ☐ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



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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)

	limited liability company as it appears on the records of the Florida Department
of State is:	Ben's Paint Supply, LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
L9800	00000 126
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: $\frac{8\sqrt{28/20}}{}$
	a Emerson Resigning), hereby withdraw/resign as a
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
$\mathcal{L}$	of 50
Signature of D	Sociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
	\$30.00 (Optional)