

MO6000001445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

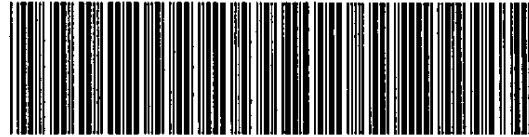
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2018 APR -2 PM 1:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APR 03 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Benjamin Center Realty Partners LLC

Name of Limited Liability Company

DOCUMENT NUMBER: M06000001445

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jim Hyland

Name of Person

USA Agents.com, LLC

Name of Firm/Company

245 W. Chase St

Address

Baltimore, MD 21201

City/State and Zip Code

agent@hylandsearch.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jim Hyland

Name of Person

at (410)

Area Code

468-3333

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

USA Agents.com, LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for Benjamin Center Realty Partners LLC

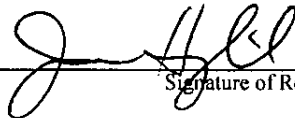
Name of Limited Liability Company

M06000001445

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Jim Hyland

Typed or Printed Name

Member

Capacity

FILED
2010 APR - 2 PM 1:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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