

P03000139181

Lisa Mitchell-Bens  
2054 Palm Vista Drive  
APOPKA FL 32712

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

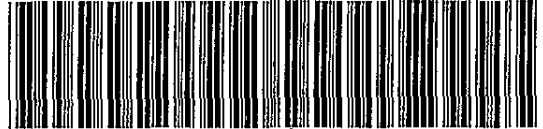
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BUSINESS INTERIORS OF CENTRAL FLORIDA  
(Name of Corporation)

**DOCUMENT NUMBER:** P03000139181

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LISA MITTLER BENS  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

2054 Palm Vista Dr.  
(Address)

APOPKA, FL 32712  
(City/State and Zip Code)

For further information concerning this matter, please call:

LISA MITTLER BENS at (407) 464-0661  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, LISA MITTLE BEN'S

(Name of Registered Agent)

hereby resigns as Registered Agent for BUSINESS INTERIORS OF CENTRAL FLORIDA, INC.

(Name of Corporation)

P03000139181

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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.

Lisa Mittl Bens

(Signature of Resigning Agent)

If signing on behalf of an entity:

LISA MITTLEE BEN'S

(Typed or Printed Name)

President

(Capacity)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314