

P11000034424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

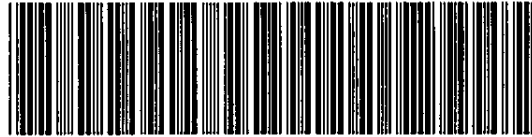
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

This is
Klever Ontane's
Signature. per.
DeViss

9-29-14

Office Use Only



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FILED

O/D Resign.

9-29-14

DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2014

BENJANY VIERA
BENI'S NURSERY, INC
12625 SW 45TH ST.
MIAMI, FL 33175

SUBJECT: BENI'S NURSERY, INC
Ref. Number: P11000034424

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The resigning officer must sign the resignation form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist III

Letter Number: 614A00019512

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **BENI'S NURSERY, INC**
(Name of Corporation)

DOCUMENT NUMBER: **P11000034424**

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

Please return all correspondence concerning this matter to the following:

BENJANY VIERA
(Name of Person)

BENIS NURSERY, INC
(Name of Firm/Company)

12625 SW 45TH ST
(Address)

MIAMI, FL 33175
(City/State and Zip Code)

For further information concerning this matter, please call:

BENJANY VIERA at **786 314-3659**
(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
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, KLEVER ONTANEDA, hereby resign as PRESIDENT
(Title)

of BENIS NURSERY, INC
(Name of Corporation)

P11000034424, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

KLEVER ONTANEDA
(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

16 SEP 26 PM 2:34

FILED