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SECRETARY OF STATE

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RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I,	TIMOTHY	TroyD	WHITFIELD	_, hereby resign as _	MANAGER							
					(Title)							
of_	HEALTH	BENEFIT	3 NUNE	FE1: 650	991807							
	(Limited Liability Company)											
a lin	nited liability co	ompany orga	nized under the lav	ws of the State of	FLORIDA	,						
and affirm that the limited liability company has been notified in writing of the resignation.												
		_										
	(Si	gnature of re	signing manager,	managing member or	member)							

FILING FEE IS \$25.00

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

SECRETARY OF STA