

P04000068810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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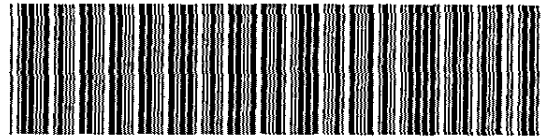
(Business Entity Name)

(Document Number)

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Off Resign

SECRETARY OF STATE
FALLS CHURCH, VA

04 SEP 30 11:55

FILED

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LPI Benefits, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P04000068810

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

Please return all correspondence concerning this matter to the following:

Mario Hernandez-Fumero
(Name of Person)

LPI Benefits, Inc.
(Name of Firm/Company)

9600 NW 38th Street
(Address)

Miami, Florida 33178
(City/State and Zip Code)

For further information concerning this matter, please call:

Mario Hernandez- Fumero at (786) 845-3900 ext. 116
(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

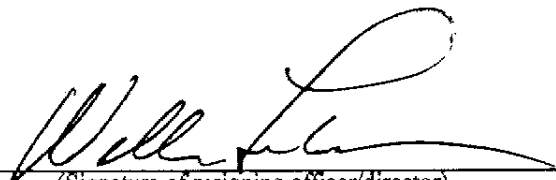
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
04 SEP 30 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, William Labinbach, hereby resign as Secretary
(Title)

of LPI Benefits, Inc.
(Name of Corporation)

P04000068810, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(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