

F060000004145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

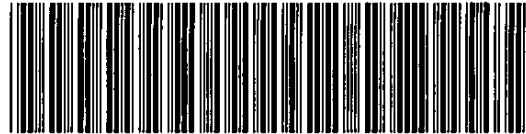
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Officer Resign
Erin Murphy
1/2/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Compass Consulting and Benefits, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F06000004145

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

Please return all correspondence concerning this matter to the following:

Leonard P. Kline, Jr.

(Name of Person)

Ascension Insurance, Inc.

(Name of Firm/Company)

2345 Grand Boulevard, Suite 610

(Address)

Kansas City, MO 64108

(City/State and Zip Code)

For further information concerning this matter, please call:

Leonard P. Kline, Jr.

(Name of Person)

at (816) 842-1332

(Area Code & Daytime Telephone Number)

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

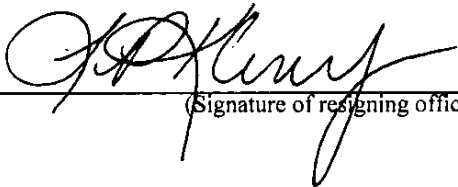
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Leonard P. Kline, Jr., hereby resign as President and Director
(Title)

of Compass Consulting and Benefits, Inc.
(Name of Corporation)

F06000004145, a corporation organized under the laws of the State of
(Document Number, if known)

Texas


(Signature of resigning officer/director)

FILING FEE IS \$35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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