

Requestor's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone # \_\_\_\_\_ Office Use Only \_\_\_\_\_

**F93000000188**

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) (Document #)
2. \_\_\_\_\_ (Corporation Name) (Document #)
3. \_\_\_\_\_ (Corporation Name) (Document #)
4. \_\_\_\_\_ (Corporation Name) (Document #)

- Walk in     
  Pick up time \_\_\_\_\_     
  Certified Copy  
 Mail out     
  Will wait     
  Photocopy     
  Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

800002207068--6  
 -06/10/97--01019--013  
 \*\*\*\*\*35.00 \*\*\*\*\*35.00

*CM*  
*F93000000188*  
*6-11-97*  
*2 Pgs*  
*RACs*

Examiner's Initials	_____
---------------------	-------



Florida Department of State, Jim Smith, Secretary of State

### RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2) or 607.1509, Florida Statutes, the

undersigned, C T CORPORATION SYSTEM hereby resigns as  
(name of registered agent)

Registered Agent for BENE-FLEX SERVICES, INC.

(name of corporation)

ORGANIZED UNDER THE LAWS OF THE STATE OF ILLINOIS

A copy of this resignation was mailed to the above listed corporation at its last known address.

Attn: Nancy L. Groh, Legal Asst.  
c/o Beermann, Swerdlove, Woloshin, Barezky, Becker, Genin & London  
161 N. Clark St., Ste. 2600  
Chicago, IL 60601-3221

The agency is terminated and the office discontinued on the 31st day after the date on which the statement was filed.

Steve Alfieri  
SIGNATURE  
ASSISTANT SECRETARY

#### FEE FOR FILING THIS DOCUMENT:

\$87.50-Active Corporation

\$35.00-Administratively Dissolved Corporation