

H25139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

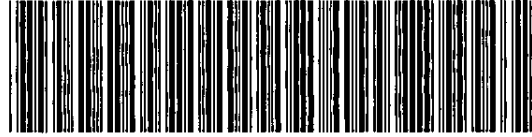
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800272682368

Resignation  
B Officer

05/08/15--01035--009 \*\*35.00

FILED  
2015 MAY -8 PM 3:48  
TALLAHASSEE, FLORIDA

5/14/15

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: American Benefit - A Financial Services Co  
(Name of Corporation)

DOCUMENT NUMBER: 425139

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 Turesky

(Name of Person)

American Benefit - A Financial Services Co  
(Name of Firm/Company)

902 Clint Moore Rd S132  
(Address)

Doa Naten FL 33487  
(City/State and Zip Code)

For further information concerning this matter, please call:

Leonard Turesky

(Name of Person)

at ( 561 ) 995-9577

(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**

FILED

2015 MAY -8 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, ROBERT MASCARELLA, hereby resign as VICE PRESIDENT  
(Title)

of AMERICAN BENEFIT - A FINANCIAL SERVICES CORPORATION  
(Name of Corporation)

H25139, 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