

H25139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

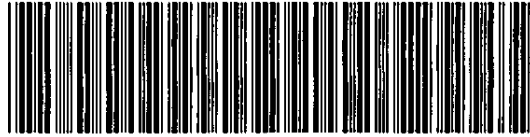
(Business Entity Name)

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NALLAPASSE, FLOREN

8/10/16

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

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

DOCUMENT NUMBER: H 25139

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 Pres.
(Name of Person)

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

12225 White Haven Dr
(Address)

Boon Neaton, FL 3349 R
(City/State and Zip Code)

For further information concerning this matter, please call:

Leonard Turesky at (561) 702-5555
(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
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Michael Cuevas, hereby resign as Vice President
(Title)

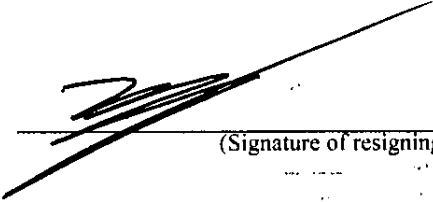
of American Benefit - A Financial Services Corp.
(Name of Corporation)

H25139

(Document Number, if known)

, a corporation organized under the laws of the State of

FL


(Signature of resigning officer/director)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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