

W3000043071

7402 Park Springs Cir
Orlando, FL 32835
USA

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

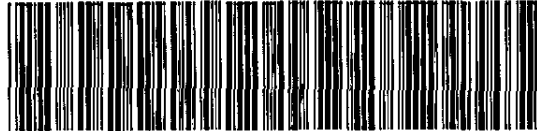
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W3-43071

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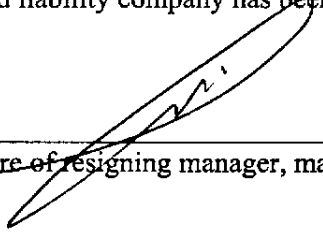
TALLAHASSEE FLORIDA

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RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, TIMOTHY WHITFIELD, hereby resign as MANAGER
(Title)
of HEALTH BENEFITS ONLINE LLC (DOCUMENT NUMBER) L03000043071,
(Limited Liability Company)
a limited liability company organized under the laws of the State of FLORIDA,
and affirm that the limited liability company has been notified in writing of the resignation.


(Signature of resigning manager, managing member or member)

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SEAL OF THE
TALLAHASSEE FLORIDA

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