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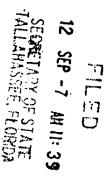
(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
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Certified Copies	Certificates	s of Status		
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Special Instructions to F	iling Officer:			
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COVER LETTER

Division of Corporations	
SUBJECT: Benefactor Investments,	, LLC
	d Liability Company)
The enclosed member, managing member or managing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	nis matter to:
Timothy C. Kennedy	
(Contact Person)	
(Firm/Company)	Birt-119
P. O. Box 4073	
(Address)	
St. Petersburg, FL 33731	
(City/State and Zip Code)	
For further information concerning this matter	, please call:
	at (727) 458-7897
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section Division of Corporations
Division of Corporations Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



FILED

12 SEP -7 AN II: 39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as nefactor Investments,		of the Florida Department
2. This limited liab	oility company was organized	I under the laws of:	
3. The Florida doc L0600001	ument/registration number of 5182	f this limited liability com	ıpany is:
4. I, Timothy C	. Kennedy	hereby resign as a	Manager
	Name of Person Resigning)		(Print Title)
resignation in w	ibility company and affirm the citing. Lighting Member. Managing N	m	ny has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		