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COVER LETTER

TO: **Registration Section Division of Corporations** HEALTH'S BENEFIT PLANES LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: JULIO MOLINA (Contact Person) JULIO MOLINA P.A. (Firm/Company) 2002 CURRY FORD RD. (Address) ORLANDO FL 32806 (City/State and Zip Code) For further information concerning this matter, please call: **JULIO MOLINA** (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$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 32314 Tallahassee, Florida 32301

CR2E079 (2/14)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability compar	ny as it appears on the records of the Florida Department
of State is: HEALTH'S BENEFIT PLA	NES LLC
2. The Florida document/registration numb	per assigned to this limited liability company is:
3. The date this member/manager withdrew	v/resigned or will withdraw/resign is:
4. I, RAUL M. URIBE	, hereby withdraw/resign as a
(Print Name of Person Resigning)	
MGRM	
(Print Title)	 -
resignation in writing.	m the limited liability company has been notified of my
Signature of Dissociating Member or R	esionine Manager