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SIMON & SIGALOS, LLP

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FLORIDIAN BENEFITS, LLC

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EXAMINER

((H11000255109 3))

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED
LIABILITY COMPANY**

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Michael W. Simon

, hereby resigns as

Name of Registered Agent

Registered Agent for

Floridian Benefits, LLC

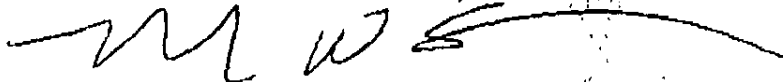
Name of Limited Liability Company

L09000042633

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name_____
Capacity**FILING FEES:**

\$ 85.00 Active limited liability company

\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability companySECRETARY OF STATE
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