L100000 47383

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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TIZ SEP -7 MHII: 40

B. BOSTICK
SEP 10 2012
EXAMINER

Sout by CARRETT 7012 1010 0000 5358 9574

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: BENEFACTOR MARKETING, LL (Name of Limited Liability Co			
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted	for	
Please return all correspondence concerning this matter to:			
Timothy C. Kennedy	_		
(Contact Person)			
(Firm/Company)	_		
P.O, Box 4073 (Address)	_		,
St. Petersburg, FL 33731 (City/State and Zip Code)	TÄLLÄHÄSS	12 SEP -7	
For further information concerning this matter, please call	i i i i i i i i i i i i i i i i i i i	OT: ILM	T
Timothy C. Kennedyat (_727) 458-7897 💢	<u> </u>	-
(Name of Contact Person) (Area Code	& Daytime Telephone Number	F 6	
Enclosed please find a check made payable to the Florida \$25 Filing Fee	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 32314		
Tallahassee, Florida 32301	•		

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as it ap		s of the Florida	Department .
2. This limited liability Forida	ity company was organized und	ler the laws of:		
3. The Florida docum L100000473	nent/registration number of this	limited liability cor	mpany is:	
4. I. Timothy C. (Print Nan	Kennedy ne of Person Resigning)	, hereby resign as a	Manager (Print Ti	1 MGRM
of this limited liabi resignation in writi	lity company and affirm the liming.	nited liability compa	ny has been no	tified of my
Signature of Resign	ning Member, Managing Memb	per or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		Š	12 741

CR2E079 (5/06)