## 11000011943

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone	#)			
P WAIT	MAIL.			
(Business Entity Name)				
(Document Number)				
Certificates o	of Status			
	(Address)  (Address)  (City/State/Zip/Phone in the work)  (Business Entity Name)			

Special Instructions to Filing Officer:

L. SELLERS

APR 2 1 2011

**EXAMINER** 

Office Use Only



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SECRETARY OF STATE
TATT AHASSEF FLORIDA

FILED

## **COVER LETTER**

TO: Registration Section

CR2E079 (5/06)

Division of Corporations	
SUBJECT: Benton Professional Gro	oup, LLC
	ed Liability Company)
The enclosed member, managing member or n filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning the	nis matter to:
Callie Edenfield	
(Contact Person)	
Benton Professional Group	
(Firm/Company)	
7069 Delaware Court	
(Address)	
Jacksonville, FL 32210	
(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further information concerning this matter	, please call:
Callie Edenfield	at (904) 482-3595
(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 &
<del></del>	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	1



## 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 nton Professional Gro		s of the Florida Department
2. This limited liab	pility company was organized	under the laws of:	
3. The Florida doc L1100001	ument/registration number of 1943	this limited liability con	npany is:
4. I, Callie Ede	enfield  Vame of Person Resigning)	, hereby resign as a	Manager/member
of this limited lia resignation in w	bility company and affirm the iting.	limited liability compa	ny has been notified of my
Callie 2	Deufeils	<u> </u>	
Signature of Res	igning Member(Managing M	ember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		

CR2E079 (5/06)

FILED

11 APR 19 PM 12: 38

SECRETARY OF STATE
TALL A HASSEF, FLORIDA