120	0046010
(Requestor's Name)	
(Address) (Address)	300244075353

(City/State/Zip/Phone #)	-
(Business Entity Name)	-
(Document Number)	_
Certified Copies Certificates of Status	-
Special Instructions to Filing Officer:]
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COVER LETTER

TO: Amendment Section Division of Corporations

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Beauon Benofit Consulting LLC Name of Limited Liability Company SUBJECT:

DOCUMENT NUMBER: <u>L 17.000046010</u>

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Terry W Single ToN

Name of Firm/Company 1773 OWASCO STreet Address Winter Splings, Fl 32708 City/State and Zip Code Terry 6 blow thres, CC E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Terry WSraigleton at (407) 900-8484 Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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,

 $E(r \neq W \leq i Ng / e f o N$, hereby resigns as Name of Registered Agent

.

Registered Agent for BEACON BENEFit Consulting, LLC

Name of Limited Liability Company

L 120000 46010 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

Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company \$ 25.00

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

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