

L12000053451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

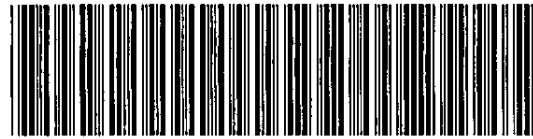
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200296247132

03/15/17--01020--016 \*\*55.00

FILED  
17 MAR 15 PM 2:52  
MAR 15 2017

O SIMMONS  
MAR 16 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SIMPLIFI BENEFITS, LLC  
(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:

MARTIN BUBLEY  
(Contact Person)

BUBLEY & BUBLEY, P.A.  
(Firm/Company)

12960 N. DALE MABRY HIGHWAY  
(Address)

TAMPA, FLORIDA 33618  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARTIN BUBLEY at 813 963-7735  
(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:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



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 company as it appears on the records of the Florida Department of State is: SIMPLIFI BENEFITS, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L12000053651

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/01/2016

4. I, LESLIE A. SAUNDERS, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MEMBER and MANAGER  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

*Leslie A. Saunders*  
Signature of Dissociating Member or Resigning Manager

FILED  
17 MAR 15 PM 2:52

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)