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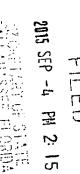
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COVER LETTER

-	gistration Section rision of Corporations		
DIV	ision of Corporations		
SUBJECT	Public Benefits Simplified,	LLC	
	(Name of Li	mited Liability Cor	npany)
The enclos	ed member, resignation or dissoc	ciation and fee(s	e) are submitted for filing.
Please retu	rn all correspondence concerning	g this matter to:	
Denise A	. Whalin		
	(Contact Person)		
Public Be	nefits Simplified, LLC		
	(Firm/Company)		-
1957 Rol	ing Green Circle		
	(Address)		
Sarasota	, FL 34240		
	(City/State and Zip Code)		•
For further	information concerning this mat	tter, please call:	
Denise A	. Whalin	941 at (266-7192
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed p	please find a check made payable ng Fee		Department of State for: g Fee & Certified Copy
Registratio	COURIER ADDRESS: on Section of Corporations		MAILING ADDRESS: Registration Section Division of Corporations
Clifton Bu	•		P.O. Box 6327
2661 Exec	utive Center Circle e, Florida 32301		Tallahassee, Florida 32314

CR2E079 (2/14)



FILED
2015 SEP -4 PM 2: 15
SECRETARY OF STATE
TALLABASSEE, FLORIDA

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)

	limited liability company as it appears on the records of the Florida Department lic Benefits Simplified, LLC
	ument/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, Edward W. V	
AMBR	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of Di	ssociating Member or Resigning Manager
Signature of D	associating interior of itesigning manager
Filing Fee:	` 1 /
Certified Copy:	\$30.00 (Optional)