

1/18/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

((H18000021875 3)))



H180000218753ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

RECEIVED

JAN 18 2018

LLC DISSOLUTION OR WITHDRAWAL
TOTAL BENEFIT COMMUNICATIONS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

18 JAN 13 AM 8:20

Help

FAX COVER SHEET

TO

COMPANY

FAXNUMBER 18506176383

FROM Kimberly Laughrey

DATE 2018-01-18 11:46:51 CST

RE TOTAL BENEFIT COMMUNICATIONS, LLC

COVER MESSAGE

Robert Sholl
Associate Fulfillment Specialist
Global Fulfillment Operations
CT Corporation

Team 614-280-3338
GlobalFulfillmentTeam@wolterskluwer.com

**Wolters Kluwer**

1200 Orange Street Wilmington, DE 19801
www.wolterskluwer.com

Confidentiality Notice: This email and its attachments (if any) contain confidential information of the sender. The information is intended only for the use by the direct addressee(s) of the original sender of this email. If you are not an intended recipient of the original sender (or responsible for delivering the message to such person) you are hereby notified that any review, disclosure, copying, distribution or the taking of any action in reliance of the contents of and attachments to this email is strictly prohibited. If you have received this email in error, please immediately notify the sender at the address shown herein and permanently delete any copies of this email (digital or paper) in your possession.

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Total Benefit Communications, LLC

(Name of limited liability company)

Georgia

(Jurisdiction of its organization)

03/12/2008

(Date registered with Florida Department of State)

M08000001489

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



(Signature of authorized representative)

Joseph Dansky

(Typed or printed name of signee)

Filing Fee: \$25.00