

P.01000115091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

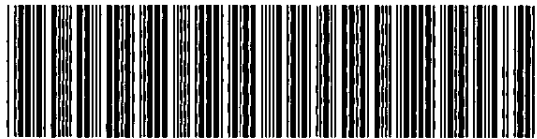
(Business Entity Name)

(Document Number)

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O/D Resign.

11/24/08

De

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Advance Benefits, Inc
(Name of Corporation)

DOCUMENT NUMBER: P01000115091

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

James M. Puls
(Name of Person)

Advance Benefits, Inc
(Name of Firm/Company)

4830 W. Kennedy Blvd., Suite 695
(Address)

Tampa, FL 33609
(City/State and Zip Code)

For further information concerning this matter, please call:

James M. Puls at (813) 875-8662
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

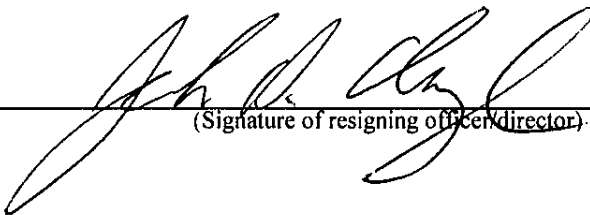
Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, John D. Orebaugh, hereby resign as President
(Title)

of Advance Benefits, INC.
(Name of Corporation)

PO1000115091, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA.


(Signature of resigning officer/director)

RECEIVED BY DEPT. OF STATE
AT TALLAHASSEE, FLORIDA

08 NOV 17 PM 3:03

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FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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