

P04000171084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

49

Office Resign  
Ain Murphy  
1/10/08

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** EMPLOYER BENEFITS GROUP, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000171084

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

Please return all correspondence concerning this matter to the following:

HOLLEY C DIXON

(Name of Person)

(Name of Firm/Company)

6400 NORTH W STREET

(Address)

PENSACOLA, FL 32505

(City/State and Zip Code)

For further information concerning this matter, please call:

HOLLEY C. DIXON

(Name of Person)

at ( 850 ) 477-4449

(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

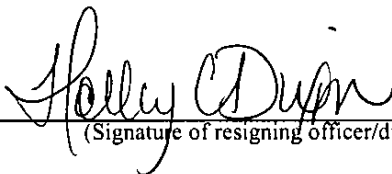
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, HOLLEY C. DIXON, hereby resign as SECRETARY  
(Title)

of EMPLOYER BENEFITS GROUP, INC.  
(Name of Corporation)

P04000171084, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**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

**FILED**  
**08 JAN -7 PM 4:07**  
CLERK OF STATE  
TALLAHASSEE, FLORIDA