(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Unlimited Financial Benefit, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P06000004819
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Thomas DiBello
(Name of Person)
Unlimited Financial Benefit, Inc.
(Name of Firm/Company)
3471 N. Federal Hwy., Suite 601
(Address)
Fort Lauderdate / Florida 33306
(City/State and Zip Code)
For further information concerning this matter, please call:
Branwen Spragg at ( 954 ) 599-9201 (Area Code & Daytime Telephone Number)
(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. Mark Katilus	, hereby resign as_	Vice President	- P	-
-7	,	(Title)		
of Unlimited Financial Benefit, Inc.				
(Name of Co	rporation)	· · · · · · · · · · · · · · · · · · ·		
P06000004819	, a corporation organized under the laws of the State of			
(Document Number, if known)	corporation organized un	der the laws of the	State of	
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