

PO 7000027880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

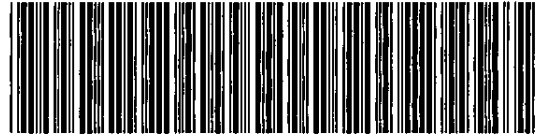
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

5 DOC 1 check

Office Use Only



200135849072

11/07/08--01004--006 **175.00

(C)

ddp
11/7/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INNOVATION BENEFITS, INC.
(Name of Corporation)

DOCUMENT NUMBER: P07000027880

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

Please return all correspondence concerning this matter to the following:

Steve Keenan

(Name of Person)

Innovation HR, Inc.

(Name of Firm/Company)

1701 Snnset Avenue, Ste 208

(Address)

Rocky Mount NC 27804

(City/State and Zip Code)

For further information concerning this matter, please call:

Steve Keenan

(Name of Person)

at (252) 442-9007

(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

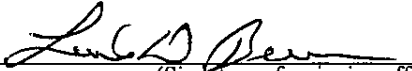
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Louis Barnes, hereby resign as Treasurer
(Title)

of INNOVATION BENEFITS, INC.,
(Name of Corporation)

P07000027880, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.

 10-27-08
(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