## 8700027880

(Re	equestor's Name)				
(Ad	dress)				
(Ad	dress)				
. (Cit	ry/State/Zip/Phone	<del>e #)</del>			
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ASR 5/22/09

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT:	lnnor	ATION	BENE 6 me of Corpora	175	luc
DOCUMENT NUI			me of Corpora		
The enclosed Office	er/Director Resi	gnation for a	Corporation	and fee a	are submitted for filing
Please return all con	respondence co	ncerning this	matter to the	e followi	ng:
_ Debra	(Name of Pers				
Innovati	Name of Firm/Co	,	lnc		
2145 14	th Arc (Address)	Ste 4			
Vero be	OUN FL City/State and Zi	_ <u> </u>	D		
For further informate	ion concerning	this matter,	olease call:		
Ronald (Nar	C. Stoll	at	( <u>727</u> )	345 & Daytin	- 450 2

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 FILED FOR A CORPORATION

SECRETARY OF STATE ALLAHASSEE, FLORIDA

		-ONIDA
I, _	Debra G. Van Mere, hereby resign as Secy	
	(Title)	
of_	Innovation Benefits Inc. (Name of Corporation)	
	(Name of Corporation)	
	P070000 27880, a corporation organized under the laws of the Star (Document Number, if known)	te of
	4	
	FLORIOA.	

## 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