

PD70000071438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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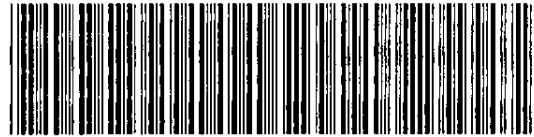
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 MAR - 7 PM 12:00

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@ 3/8/11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TOTAL GROUP BENEFIT SOLUTIONS INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P07000071438

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 DIXON

(Name of Person)

(Name of Firm/Company)

255 BOBWHITE DRIVE

(Address)

PENSACOLA, FL 32514

(City/State and Zip Code)

For further information concerning this matter, please call:

HOLLEY DIXON

(Name of Person)

at ( 850 ) 393-5097

(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 PRESIDENT, SEC & TREAS  
(Title)

of TOTAL GROUP BENEFIT SOLUTIONS, INC.  
(Name of Corporation)

P07000071438, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 MAR -7 PM 12:00

**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