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COVER LETTER

Division of Corporations		
SUBJECT: Senior Benefits Speci	alist INC	
	(Name of Corporation)	
DOCUMENT NUMBER: P0900	0015563	
The enclosed Resignation of Registe	red Agent-for a Corporation and fee are submitted for filing.	
Please return all correspondence con	cerning this matter to the following:	
Jose Rosado		
(Name of Person)		
Senior Benefits Specialist INC		
(Name of Firm/Con	npany)	
1382 E Vine ST	· : <u>-</u>	
(Address)		
Kissimmee FI, 34744		
(City/State and Zip Code)		
For further information concerning the	his matter, please call:	
Jose Rosado (Name of Person)	at (813) 714-8189 (Area Code & Daytime Telephone Number)	
Enclosed is a check made payable to or \$35,00 for an administratively dis	the Florida Department of State for \$87.50 for an active corporation solved, voluntarily dissolved or withdrawn corporation.	
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	

CR2E046(08/05)

TO:

Amendment Section

Sep 16 00 02:16p

9-16-2009

To; Edward Bonetti, President

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Effective immediately, I Jose H. Rosado resign immediately from this position and or corporation.

Senior Benefits Specialist Inc.

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