

P/0000030988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

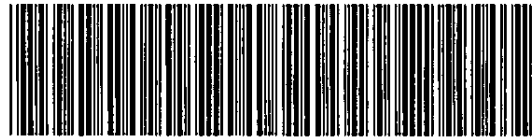
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800247567618

②

06/07/13--01020--007 **70.00

O/D

Resign.
6/12/13

FILED
13 JUN -7 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COMMUNITY BENEFIT CONSULTANTS INC.

(Name of Corporation)

DOCUMENT NUMBER: P10000030988

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

Please return all correspondence concerning this matter to the following:

PAMELA LOVE

(Name of Person)

(Name of Firm/Company)

7926 CAUSEWAY BLVD N

(Address)

SAINT PETERSBURG, FL 33707

(City/State and Zip Code)

For further information concerning this matter, please call:

PAMELA LOVE

(Name of Person)

at (**727**) **688-8383**

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

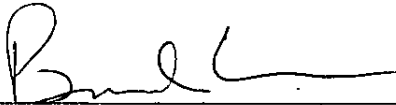
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, PAMELA LOVE, hereby resign as VICE PRESIDENT
(Title)

of COMMUNITY BENEFIT CONSULTANTS, INC.
(Name of Corporation)

P10000030988, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILING FEE IS \$35.00

FILED
13 JUN - 7 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314