

P110000010037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

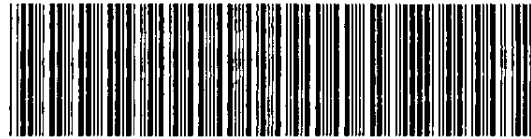
(Business Entity Name)

(Document Number)

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000196692660

*Resignation
of Officer*

03/07/11--01010--003 **35.00

FILED
2011 MAR -7 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*DR
3/8/11*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BENZ II CORP
(Name of Corporation)

DOCUMENT NUMBER: P11000010037

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

Please return all correspondence concerning this matter to the following:

Veronica C. ZIRTIDIS
(Name of Person)

Career Health Network
(Name of Firm/Company)

10685 Old Hammock Way
(Address)

Wellington, FL 33414
(City/State and Zip Code)

For further information concerning this matter, please call:

Veronica ZIRTIDIS at (561) 452-3796
(Name of Person) (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**

FILED

2011 MAR -7 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Jim Norris, hereby resign as officer (Title)

of Benz LI "Corp." (Name of Corporation)

P11000010037 a corporation organized under the laws of the State of
(Document Number, if known)

P11000010037

Jim Norris RN
(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