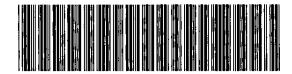


(Re	equestor's Name)			
(Ac	ddress)			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
Special Instructions to	Filing Officer:			

Office Use Only



700278022177

10/16/15--01005--016 \*\*35.00

OCT 16 2015

R. WHITE

## TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations				
SUBJ	Presidential Insurance Benefits & Consulting Group, Inc.				
	(Name of Corporation)				
DOC	UMENT NUMBER: P13000088576				
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing				
Please	e return all correspondence concerning this matter to the following:				
Ke	vin E Beckton				
	(Name of Person)				
	(Name of Firm/Company)				
318	8 Appaloosa Ct				
	(Address)				
Sa	nford, FL 32773				
	(City/State and Zip Code)				
For fu	orther information concerning this matter, please call:				
Ke	vin E Beckton (Name of Person)  at (386) 527-0831 (Area Code & Daytime Telephone Number)				
	(Name of Person) (Area Code & Daytime Telephone Number)				
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.				
Amen Divisi P.O. E	ng Address: Idment Section Ion of Corporations Box 6327 Box 6327 Box 6321 B				

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, hereby resign as (Title)	l	
Desidential Incomes Deposits 9 Consulting Croup	1	
of Presidential Insurance Benefits & Consulting Group	<u>, inc. ,</u>	
(Name of Corporation)		
P13000088576 , a corporation organized under the laws of the State (Document Number, if known)	e of	
Florida		
(Signature of resigning officer/director)		
	三 三 三	:
		<b>.</b> .
FILING FEE IS \$35.00		

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

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