

P17000016604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

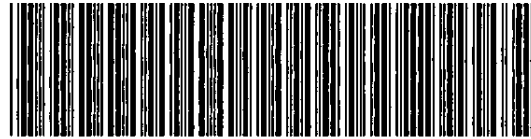
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

3/24/17

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WE R @ YOUR BENEFIT INC

(Name of Corporation)

DOCUMENT NUMBER: P17000016604

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

Please return all correspondence concerning this matter to the following:

KARINE B SMITH

(Name of Person)

WE R @ YOUR BENEFIT INC

(Name of Firm/Company)

7968 PLANTATION BLVD

(Address)

HOLLYWOOD, FL 33023

(City/State and Zip Code)

For further information concerning this matter, please call:

YANIQUE CHERUBIN at (**954**) **871-7158**

(Name of Person)

(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

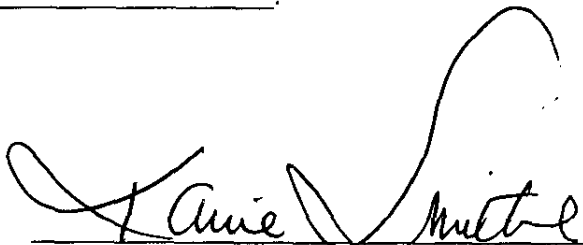
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, KARINE B. SMITH, hereby resign as VP
(Title)

of WE R @ YOUR BENEFIT INC
(Name of Corporation)

P17000016604, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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2017 MAR 22 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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