

P94000044561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

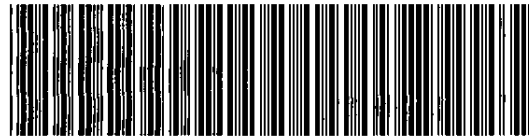
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Off Resign
Tews
11-23-10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: National Employee Benefits Administrators, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P94000044561

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

Please return all correspondence concerning this matter to the following:

Karin Peters

(Name of Person)

National Employee Benefits Administrators, Inc.

(Name of Firm/Company)

2010 NW 150th Ave., Suite 100

(Address)

Pembroke Pines, FL 33028

(City/State and Zip Code)

For further information concerning this matter, please call:

Karin Peters

(Name of Person)

at (954) 266-6322

(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

2010 NOV 12 P 2:46

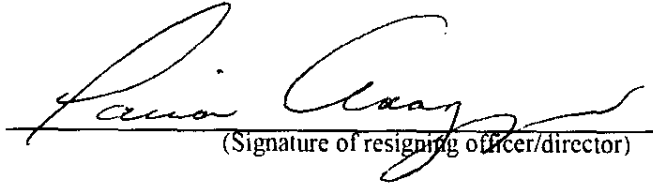
SECRETARY
TALLAHASSEE, FLA.

I, Maria Araguez, hereby resign as Vice-President
(Title)

of National Employee Benefits Administrators, Inc.
(Name of Corporation)

P94000044561, 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

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

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