

P94000044561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

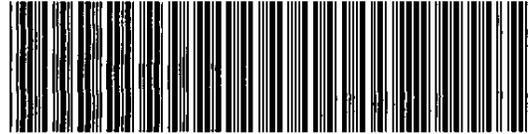
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*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

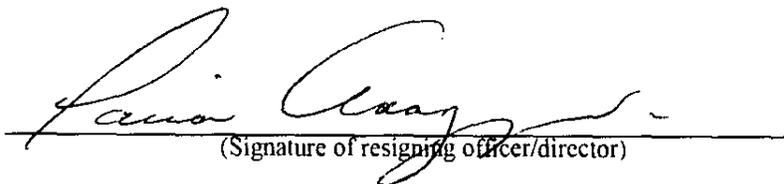
SECRETARY  
TALLAHASSEE, FLORIDA

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