

P95000023 769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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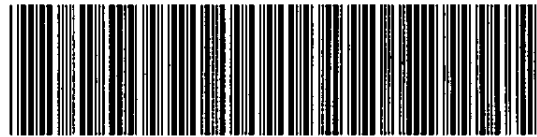
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OLD

Resign.

~~D. CONNEL~~ MAY 10 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Benefit Consultants of South Florida, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P95000023769

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

Please return all correspondence concerning this matter to the following:

Sharon Miller

(Name of Person)

Benefit Consultants of South Florida, Inc.

(Name of Firm/Company)

16970 San Carlos Blvd. #250

(Address)

Fort Myers, Florida 33908

(City/State and Zip Code)

For further information concerning this matter, please call:

Sharon Miller at (239) 851-6961

(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**

I, Sharon Miller, hereby resign as President, Vice President, VF
(Title)

of Benefit Consultants of South Florida, Inc.,
(Name of Corporation)

P95000023769, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.

Sharon Miller
(Signature of resigning officer/director)

FILING FEE IS \$35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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