

L22000080129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

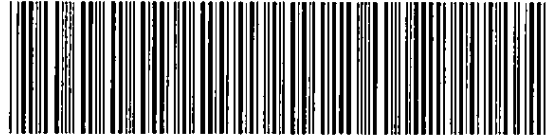
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Staffind, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** 1. 22000080129

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Zacky Monawar  
Name of Person

Staffind, LLC  
Name of Firm/Company

950 South Pine Island Road, Suite 150-A  
Address

Plantation, Florida 33324  
City/State and Zip Code

info@staffindle.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Zacky Monawar at ( 727 ) 543-4114  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Edmond Capuno \_\_\_\_\_, hereby resigns as

Name of Registered Agent

Registered Agent for Staffind, LLC \_\_\_\_\_

Staffind, LLC \_\_\_\_\_

Name of Limited Liability Company

L22000080129 \_\_\_\_\_

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

**FILING FEES:**

\$ 85.00 Active limited liability company

\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

STATE DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314