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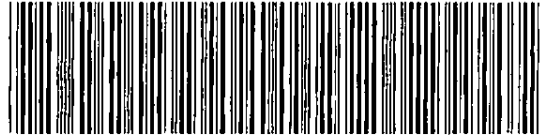
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OFFICE OF CORPORATIONS
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Staffind, LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Zacky Monawar

(Contact Person)

Staffind, LLC

(Firm/Company)

950 S. Pine Island Road, Suite 150-A

(Address)

Plantation, Florida 33324

(City/State and Zip Code)

For further information concerning this matter, please call:

Zacky Monawar

727 543-4114

at (_____) _____

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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

