

F05000004698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

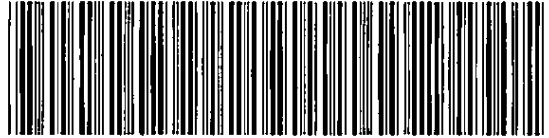
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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400411025554

Withdrawal

RECEIVED

2023 NOV 16 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2023 NOV 16 AM 9:21

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

A. RAMSEY
NOV 17 2023

CT CORP
(850) 656- 4724
3558 lakesore Drive
Tallahassee, FL 32312

Date: 11/16/2023

Acc#I20160000072

en: c DW

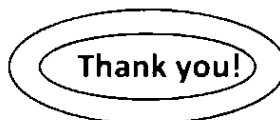
Name:	STAFFPAY INC.
Document #:	
Order #:	15171100 - 29

Certified Copy of Arts & Amend:	<input type="checkbox"/>	1. Process Inc Withdrawal	
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>	2. Process LLC Registration	
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>	Email Address for Annual Report Notifications: <u>ap@emplicity.com</u>
	Plain: <input checked="" type="checkbox"/>	
	COGS: <input type="checkbox"/>	

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **35.00**



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Staffpay, Inc.

(Name of Corporation)

DOCUMENT NUMBER: F05000004698

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Claudine Welsh

(Name of Person)

Staffpay, LLC

(Firm/Company)

9851 Irvine Center Dr., Suite 200

(Address)

Irvine, CA 92618

(City/State and Zip code)

For further information concerning this matter, please call:

Claudine Welsh

at (714) 230-4760

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

<input checked="" type="checkbox"/> \$35 Filing Fee	<input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)	<input checked="" type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
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Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Staffpay, Inc.

(Name of Corporation)

F05000004698

(Document Number of Corporation (if known))

California & 10/18/1995

(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

2023 NOV 16 AM 8:27
FILED
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

9851 Irvine Center Dr., Suite 200

(Mailing Address)

Irvine, CA 92618

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

DocuSigned by:
Victor Tanon
(Signature of Director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

10/3/2023

(Date)

Victor S. Tanon

(Typed or printed name of person signing)

CEO

(Title of person signing)

FILING FEE \$35