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To: Division of Corporations Fax Number : (850) 617-6380 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** 0: REGISTERED AGENT RESIGNATION

ACCOUNTABILITIES STAFFING, INC.

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2021 FAN I

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections	ions 607.0502(2), 617.0502(2), 607.1	509, or 617.1509.
Florida Statutes, the undersigned,	NRAI SERVICES, INC	
	(Name of Registered	
hereby resigns as Registered Age	ACCOUNTABILITIE	S, INC.
(Name of Corporation)		tion)
F06000000167		
(Document Number, if known)	_ 	
A copy of this resignation was ma	ailed to the above listed corporation a	it its last known address.
The agency is terminated and the this statement is filed.	office discontinued on the 31st day a	fter the date on which
	(Signature of Resigning Agert)	
If signing on behalf of an entity:		
Kimberly L	• -	
-	(Typed or Printed Nave)	
		Sin P
ASSISTAN	NT SECRETARY	PH IN 19
	(Chroiy)	19 19

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314