

F070000003554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

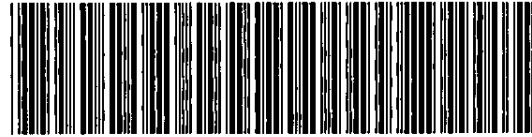
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



800234745318

Resignation  
to RA

05/08/12--01026--008 \*35.00

FILED  
MAY - 8 AM 9:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DR  
5/15/12



**National Registered Agents, Inc.**  
*... NRAI, the best choice for statutory representation*

May 3, 2012

Secretary of State of Florida  
Amendment Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Direct Workforce, Inc.  
Florida Resignation of Registered Agent

Dear Sir/Madam:

Enclosed herewith, in duplicate, is an executed Resignation of Registered Agent and \$35.00 check to cover the cost of filing.

A copy of this letter accompanied by a copy of the Resignation of Registered Agent has been sent to the corporation.

Please proceed with the filing of the enclosed, returning one copy marked "Filed" for our records in the enclosed Business Reply Envelope.

NRAI Services, Inc.

  
Leslie Lofton  
Assistant Secretary

Enclosures

FILED

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

2012 MAY -8 AM 9:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, NRAI SERVICES, INC.

(Name of Registered Agent)

hereby resigns as Registered Agent for DIRECT WORKFORCE, INC.

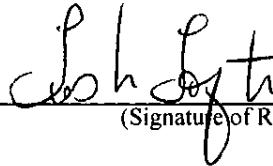
(Name of Corporation)

F07000003554

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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:

Leslie Lofton

(Typed or Printed Name)

Assistant Secretary

(Capacity)

**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**