Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone

Fax Number : (954)208-0845

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ANT II SOIB

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## REGISTERED AGENT RESIGNATION TS STAFFING SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

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 TS STAFFING SERVICES, INC.	
(Name of Corporation)	
F11000004704	
(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:	
NRAI SERVICES, INC -Helen Mac-Tran 芝宮 ま	
(Typed or Printed Name)	-71
	,
ASSISTANT SECRETARY	-{ - [ - ] -]
(Capacity)	-
and the second of the second o	-
Fee for filing this document:	

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

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/

\$87.50 - Active Corporation