Division of Corporations Electronic Filing Cover Sheet

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(((H24000037932 3)))



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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 Fax Number : (614)573-3996

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

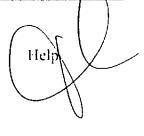
Email Address: cls-agentresignations@wolterskluwer.com

REGISTERED AGENT RESIGNATION **DURHAM STAFFING SOLUTIONS INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$87.50

Electronic Filing Menu

Corporate Filing Menu



To:

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ons 607.0503(2), 617.0502(2), 607.1509, or 61	17.1509,
Florida Statutes, the undersigned, NRALSERVICES, INC.		
	(Name of Registered Agri)	
haraby regions to Pariotagad Aman	t for DURHAM STAFFING SOLUTIONS INC	
nerely resigns as Registered Agen	(Name of Ccpr retire)	
F20000005421		
(Document Number, if known)		
A copy of this resignation was mai	led to the above listed corporation at its last ki	nown address.
The agency is terminated and the o this statement is filed.	office discontinued on the 31st day after the da	te on which
this statement is med.		202
7/	lancy Helm-Brown (Signature of Resigning Asset)	2024 J. 1. 29
- ,	(Signature of Resigning Age)	- 729
If signing on behalf of an entity:		
NANCY HELM-BR	OWN	- - -
	(Typed or Printed Nim)	-
ASSISTANT SECR	ETARY	
	(Capaiy)	-

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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