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To:

Division of Corporations

Fax Number : (850)617-6380

From:

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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
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Email Address:\_\_\_\_\_

## REGISTERED AGENT RESIGNATION ABO STAFFING SERVICES, INC.

Certificate of Status	0			
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## 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,	C T Corporation System
_	(Name of Registered Agent)
hereby resigns as Registered Agent for A	BO STAFFING SERVICES, INC.
incredy resigns as Registered Agent for	(Name of Corporation)
F22000000120	
(Document Number, if known)	•
A copy of this resignation was mailed to t	he above listed corporation at its last known address.
The agency is terminated and the office di this statement is filed.	iscontinued on the 31st day after the date on which
(Signa	ature of Resigning Agent)
If signing on behalf of an entity:	STANT SECRETARY
KIMBERLY LAUGHREY	DEC
— (Ty	rped 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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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