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J780	073
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)	800197658198 Margadian
	03/14/1101063007 **35.00
(Business Entity Name) (Document Number)	
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COVER LETTER

TO: Amendment Section **Division of Corporations**

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SUBJECT: SUN COAST STAAFING, INC.

(Name of Corporation)

J78073 **DOCUMENT NUMBER:**

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

THUY N TRA

Û

(Name of Person)

(Name of Firm/Company)

3333 W KENNEDY BLVD. STE 101

(Address)

TAMPA, FL 33609

(City/State and Zip Code)

For further information concerning this matter, please call:

THUY N TRA

(Name of Person)

at (<u>813</u>) 636-0609 (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

	/ DIRECTOR RESIGNATION OR A CORPORATION	ZOII MAR J4 AM II: 20 SECRETARY OF STATE TALLAHASSEE. FLORIDA
I,THUY N TRA	, hereby resign asDIREC	
ofSUN COAST STAFFING, IN	C. e of Corporation)	,
J78073 (Document Number, if known)	, a corporation organized under the la	aws of the State of
FLORIDA	·	

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(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314