

LOS000002729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

LOS- 2729

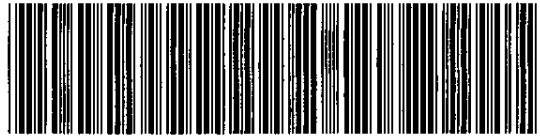
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. O'Quinn APR 27 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Staffing Solutions of the Treasure Coast, LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jodi Dargan
(Contact Person)

Staffing Solutions of the Treasure Coast
(Firm/Company)

10010 S US 1
(Address)

Port St. Lucie, FL 34952
(City/State and Zip Code)

For further information concerning this matter, please call:

Jodi Dargan at (772) 335-5888
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 19, 2010

JODI DARGAN
10010 S US 1
PORT ST. LUCIE, FL 3495

SUBJECT: STAFFING SOLUTIONS OF THE TREASURE COAST, LLC
Ref. Number: L05000002729

We have received your document for STAFFING SOLUTIONS OF THE TREASURE COAST, LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Title of the Person Resigning not the date.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 510A00009593



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10 APR 27 PM 3: 52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Staffing Solutions of the Treasure Coast, LLC.

2. This limited liability company was organized under the laws of:

FLORIDA

3. The Florida document/registration number of this limited liability company is:

L05000002729

4. I, Joyce D'Agata, hereby resign as a Office Manager
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. IN ACCORDANCE WITH THE OPERATING AGREEMENT'S EXIT STRATEGY ARTICLES XIV AND XV

Joyce D'Agata
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)