

(Req	uestor's Name)	tion to the second seco
(Add	ress)	
bbA)	ress)	· <del>····</del>
(City	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	me)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
·		

Office Use Only



400195778044

02/28/11--01012--001 \*\*25.00

FILED

11 FEB 28 PH 3: 4,8

SECRETARY OF STATE FALLAHASSEE, FLORIDA

D. BRUCE
MAR. 1 2011
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: WC LABOR SERVICES 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:	
LOUIS W. EPERTHENER	
(Contact Person)	
LOUIS FINANCIAL CONSULTING LLC	
(Firm/Company)	
267 SW LAKE FOREST WAY	77
267 SW LAKE FOREST WAY  (Address)  ARCHAR  ARC	ſ
PORT SAINT LUCIE, FL 34986	
(City/State and Zip Code)  For further information concerning this matter, please call:	
For further information concerning this matter, please call:	)
LOUIS EPERTHENER at (_772) 418-7804	
(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 \$  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	

CR2E079 (5/06)



## 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 ap of State is: WC LABOR SERVICES LL	•	
2. This limited liability company was organized und FLORIDA	ler the laws of:	
3. The Florida document/registration number of this L05000061385	limited liability company is:	- <del>1</del>
4. I, ALFONSO RODRIGUEZ  (Print Name of Person Resigning)	, hereby resign as a MEMBER (Print Title)	
of this limited liability company and affirm the liming resignation in writing.	nited liability company has been notified of my	
Signature of Resigning Member, Managing Member	per or Manager	

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)