

**LD800008812L**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

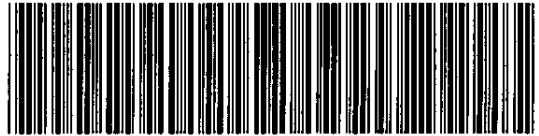
Special Instructions to Filing Officer:

**L. SELLERS**

OCT 30 2009

**EXAMINER**

Office Use Only



**800162203218**

10/29/09--01028--005 \*\*25.00

**FILED**  
09 OCT 29 AM 8:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Prohire Staffing Partners, LLC

The enclosed member, resignation and fee(s) are submitted for filing.  
Please return all correspondence concerning this matter to:

**James E. Farah, Esq.**  
**The Farah Law Firm, P.A.**  
**P.O. Box 19796**  
**Jacksonville, Florida 32245**

For further information concerning this matter, please call: **James E. Farah, Esq.**  
at (904) 731-7809.

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: MAILING ADDRESS:**

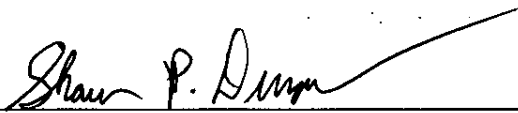
Registration Section  
Division of Corporations  
Clifton Building P.O. Box 6327  
2661 Executive Center Circle Tallahassee, Florida 32314  
Tallahassee, Florida 32301

**FILED**  
**09 OCT 29 AM 8:01**  
**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: **Prohire Staffing Partners, 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: **L08000088126.**
4. I, **Shawn Durden**, hereby resign as a Member of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Resigning Member, Managing Member or Manager

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

**FILED**  
**09 OCT 29 AM 8:01**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**