

5/16/2019

Division of Corporations

109000161030

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : SHUFFIELD LOWMAN
Account Number : I20030000118
Phone : (407)581-9800
Fax Number : (407)581-9801

APPROVED
AND
FILED
2019 MAY 16 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC DISSOLUTION OR WITHDRAWAL
REALTIME STAFFING, LLC**

Certificate of Status	0
Certified Copy	3
Page Count	03
Estimated Charge	\$115.00

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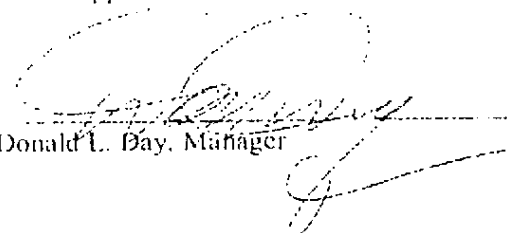
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**ARTICLES OF DISSOLUTION
OF
REALTIME STAFFING, LLC**

1. Name. The name of the limited liability company is REALTIME STAFFING, LLC.
2. Date of Organization. The Articles of Organization for the limited liability company were filed on June 17, 2009, and assigned Document Number 1,090,000,59013.
3. Effective Date. The effective date of the dissolution shall be the date of filing of these Articles of Dissolution.
4. Authorization Pursuant to Section 605.0707, Florida Statutes. The dissolution was approved by the members of the limited liability company. The number of votes cast for dissolution was sufficient for approval pursuant to the articles of organization and/or the operating agreement, as each may currently be amended.
5. A Notice of Limited Liability Company Dissolution is attached.
6. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

N/A

7. Signature of an authorized person or, if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:


Donald L. Day, Manager

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NOTICE OF LIMITED LIABILITY COMPANY DISSOLUTION

This Notice of Limited Liability Company Dissolution is submitted by the dissolved limited liability company named below (the "Limited Liability Company") for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, Florida Statutes.

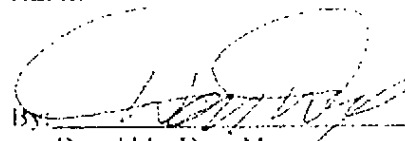
This "Notice of Limited Liability Company Dissolution" is optional and not required when filing a voluntary dissolution.

1. Name of Limited Liability Company: REALTIME STAFFING, LLC
2. Document number of Limited Liability Company is: L09000059013
3. Date of Dissolution: The date the dissolution is filed with the Department of State.
4. Description of information that must be included in a claim:
 - a. Name of claimant
 - b. Completed IRS Form W-9, Request for Taxpayer Identification Number and Certification.
 - c. Mailing address of claimant.
 - d. Name and phone number of contact person.
 - e. Description of claim.
 - f. Date(s) claim incurred.
 - g. Account number(s) (if applicable).
 - h. Invoice number(s) (if applicable).
 - i. Total amount of claim.
4. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Realtime Staffing, LLC
c/o Donald L. Day
4111 Metric Drive
Winter Park, FL 32792

5. A claim against the above-named Limited Liability Company will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this Notice.

REALTIME STAFFING, LLC

By 
 Donald L. Day, Manager

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