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COVER LETTER

TO: Registration Section Division of Corporation					
SUBJECT: TW Staff	fing LLC (Name of Limit	ed Liability Co.	mnany)		_
	(Name of Limit	ed Liabiniy Coi	mpany)		
The enclosed member, m filing.	anaging member or r	manager resig	gnation and fee(s) are	submitte	ed for
Please return all correspo	ndence concerning th	nis matter to:			
<u>Bobbiejean</u>	Judd			·-1	
(Co	mact Person)				
TW Staffing LLC				27	- 12- - 12-15-1
	ın/Company)		_		
5550 W Idlewild A	ve Suite#105		_		723
(Address)			773 Av. 3	
Tampa, FL 33634	****		٠	By Service	_
(City/S	tate and Zip Code)		_		
For further information c	oncerning this matter	, please call:		•	
Marcey S (Name of Conta	or person)	at (512 (Area Code	2 417-99 & Daytime Telephone	96 Number	<u> </u>
Enclosed please find a ch	eck made payable to ing Fee		Department of State for \$55 Filing Fee & Certified Copy	or:	
STREET/COURIER AND Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 3230	ircle		MAILING ADDRE Registration Section Division of Corpora P.O. Box 6327 Tallahassee, Florida	tions	
CD2E070 (5/06)		\			



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it is Staffing LLC	appears on the records	of the Flo	orida De	partme	ent _•
2. This limited liab	ility company was organized ur	nder the laws of:		SEORE	2010 JA	74.
3. The Florida doce L09000074	ument/registration number of th	is limited liability con	npany is:	ASSEC FL		
4. I, WILSON \(\frac{Print N}{\text{(Print N}}\)	WORLDWIDE LLC 'ame of Person Resigning)	, hereby resign as a	MGR	물등 rint Title)	=======================================	-
	bility company and affirm the li	imited liability compar	ny has bee	en notifie	ed of m	ıy
Signature of Resi	gning Member, Managing Men	nber or Manager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					