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D. BRUCE
MAY. 1.8, 2010;
EXAMINER

## **COVER LETTER**

Division of Corporations	
SUBJECT: Central Florida Staffing	
(Name of Lim	ited Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
Deanna Seruga	
(Contact Person)	O MAY 17 PH
(Firm/Company)	7 PH
1112 Redoak Drive	10 <b>7</b>
(Address)	REAL CONTROL C
Harrison City PA 15636	
(City/State and Zip Code)	
For further information concerning this matt	er, please call:
Deanna Seruga	at (412) 292-2578
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable t  \$25 Filing Fee	to the Florida Department of State for:  \$55 Filing Fee &  Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	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

	limited liability company as ntral Florida Staffing,		s of the Florida Dep	partment
2. This limited liab Florida	ility company was organized	d under the laws of:		
3. The Florida docu L10000021	ument/registration number o	f this limited liability cor	mpany is:	
•	ame of Person Resigning) bility company and affirm th	, hereby resign as a	(Print Title)	d of my
Seame Que	gning Member, Managing N	Member or Manager	A LL A L	TO MAY OF
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		SEE. FLORIDA	7 PH 2: 1:3