## 110000042396

| (Re                                     | equestor's Name)   |             |  |  |
|---|--------------------|-------------|--|--|
| (Ad                                     | idress)            |             |  |  |
| (Ad                                     | idress)            | <u></u>     |  |  |
| (Cit                                    | ty/State/Zip/Phone | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL        |  |  |
| (Bu                                     | siness Entity Nar  | ne)         |  |  |
| (Document Number)                       |                    |             |  |  |
| Certified Copies                        | _ Certificates     | s of Status |  |  |
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TALLARY OF STATE

B. BOSTICK

APR - 2 2012

EXAMINER

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |   |
|--|---|
| SUBJECT: Diverse Workforce Solutions, LLC  (Name of Limited Liability Co   | many)   |
| (Name of Limited Liability Co  | inpany)   |
| The enclosed member, managing member or manager resigning.   | gnation and fee(s) are submitted for  |
| Please return all correspondence concerning this matter to:  |   |
| Judy Reynoso   |   |
| (Contact Person)   | _   |
| Diverse Workforce Solutions, LLC   |   |
| (Firm/Company)   | TALE  |
| 6230 Laurel Creek Trail  | AHAR O  |
| (Address)  | R 30 PI   |
| Ellenton, FL 34222   | PILE 10   |
| (City/State and Zip Code)  | TATI  |
| For further information concerning this matter, please call:   | DA  |
| Judy Reynoso at ( 941  | 447-5505  |
| (Name of Contact Person) (Area Code  | e & Daytime Telephone Number)   |
| Enclosed please find a check made payable to the Florida l \$25 Filing Fee   | Department of State for:<br>\$55 Filing Fee &<br>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

|  | limited liability company as<br>erse Wokforce Solutio |                              | of the Florida Depar       | tment     |  |
|--|---|------------------------------|----------------------------|-----------|--|
| 2. This limited liab                       | ility company was organized                           | d under the laws of:         |                            |           |  |
| 3. The Florida docu<br>L110000428          | ument/registration number of                          | f this limited liability com | pany is:                   |           |  |
| <sub>4. I,</sub> Arlen Franz               |   | , hereby resign as a MGRM    |                            |           |  |
| (Print Name of Person Resigning)           |   |                              | (Print Title)              |           |  |
| of this limited liab<br>resignation in wri | oility company and affirm th<br>ting.                 | e limited liability compan   | y has been notified o      | of my     |  |
| Signature of Resi                          | gning Member, Managing N                              | Member or Manager            |                            |           |  |
| _  | \$25.00 (Required)<br>\$30.00 (Optional)              |                              | SEUNLIARY I<br>TALLAHASSEE | 12 MAD 30 |  |

CR2E079 (5/06)