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TALLAHASSEE FLORIBA
SEORE BARY SE STATE
AND THIS: 23

COVER LETTER

TO: Registration Section Division of Corporation	ns	
SUBJECT: Preferred	Staffing Group	······
	(Name of Limited Liability Con	npany)
The enclosed member, managir filing.	ng member or manager resig	nation and fee(s) are submitted for
Please return all correspondence	e concerning this matter to:	
Panagiotis Koulia	as	
(Contact Pe	явоп)	-
		_
(Firm/Comp	pany)	_
7853 Gunn High	way #241	
(Address))	-
Tampa, Fl. 33620	6	
(City/State and	Zip Code)	•
For further information concern	ning this matter, please call:	
Panagiotis Koulia	as _{at (} 813	926-1900
(Name of Contact Pers		& Daytime Telephone Number)
Enclosed please find a check ma	ade payable to the Florida D	epartment of State for:
□ \$25 Filing Fe	e \overline 🗎 \$	55 Filing Fee &
		Certified Copy
STREET/COURIER ADDRE	SS:	MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



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 eferred Staffing Group		of the Florida Depa	rtment
2. This limited liab	oility company was organized	d under the laws of:		
3. The Florida doc <u>L13000092</u>	ument/registration number o	f this limited liability con	apany is:	
4 Constandir	na Mougros Jame of Person Resigning)	hereby resign as a	MGRM/MGR	
(Print \(\lambda\)	lame of Person Resigning)		(Print Title)	
of this limited lia resignation in wr	bility company and affirm thiting.	e limited liability compar	ny has been notified	of my
Curston	din Mouros			
	igning Member, Managing N	Member or Manager	TALLANA TALLANA	7013 SEP
Filing Fee: Certified Copy:			SEE FLOR	20 PM 12: 2