

L13000131225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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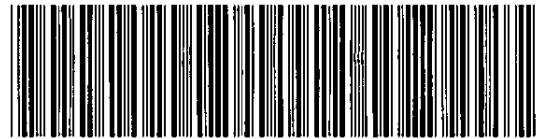
(Business Entity Name)

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TO: Amendment Section
Division of Corporations

SUBJECT: **FREEDOM STAFFING LLC**
Name of Limited Liability Company

DOCUMENT NUMBER: **L13000131225**

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DORIAN C. MORGAN

Name of Person

FREEDOM STAFFING LLC

Name of Firm/Company

7590 NW 186 STREET STE 207

Address

HIALEAH, FL. 33015

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DORIAN C. MORGAN at **(305) 456-1223**
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

MAGGIE SAIZ

_____, hereby resigns as
Name of Registered Agent

Registered Agent for **FREEDOM STAFFING LLC**

Name of Limited Liability Company

L13000131225

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

If signing on behalf of an entity:



Signature of Resigning Agent

DORIAN C. MORGAN

Typed or Printed Name

MRGM

Capacity

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314