# 115000105717

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



000391440840

2022 JUL 25 PM 3: 18
SEURINANY OF SIGN

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: MAIN LINE STAFFING, LLC	
Name of Limited Liability Co	ompany
DOCUMENT NUMBER: L15000105717	
The enclosed Resignation of Registered Agent for a Limited Lifer filing.	iability Company and fee are submitted
Please return all correspondence concerning this matter to the	following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
. /	773-0888 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

### STREET ADDRESS:

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

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115. Florida Statutes.	the undersigned.		
United States Corporation Agents, Inc.		, hereby resigns	as	
	Name of Registered Agent			
Registered Agent for	MAIN LINE STAFFING, LLC			
	Name of Limited Liability Company			
L15000105717				
Document ?	Number, it'known			
A copy of this resignal	tion was mailed to the above listed limited	liability company at its b	ast known address.	
The agency is termina	ted and the office diseontinued on the 31st			led.
	Signature of Resignit	ig Agent	2027 JUL 25 STALL AHA	
If signing on behalf of	an entity:			
	Cheyenne Moseley		2	3
	Lyped or Printed Name			[F
	Asst. Secretary for United States Corpo	ration Agents, Inc.	eg 💃	
	Capacity		PH 3: 18	•

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\$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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