L15000123304

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF STATE

(ALLANASSEE FLORE)

D. SCOTT MAR 1 4 2017

COVER LETTER

SUBJECT: TOP NOTCH STAFFING LLC (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
JONATHAN M. VICTOR
(Contact Person)
LAW OFFICE OF JONATHAN VICTOR PLLC
(Firm/Company)
963 ROUTE 6
(Address)
MAHOPAC, NY 10541-1717
(City/State and Zip Code)
MAHOPAC, NY 10541-1717 (City/State and Zip Code) For further information concerning this matter, please call: JONATHAN VICTOR 914 263-9779
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\Bigsim \frac{1}{2} \\$55 \text{Filing Fee & Certified Copy}\$
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Cliffon Building P.O. Box 6327
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company a	as it appears on the records of the Florida Department
L15000123304	4	assigned to this limited liability company is:
3. The date this men	mber/manager withdrew/re	esigned or will withdraw/resign is: 3/9/17 , hereby withdraw/resign as a
MGR		, hereby withdraw/resign as a
·		the limited liability company has been notified of my
Signature of Di	ssbciating Member or Resi	gning Manager
_	\$25.00 (Required) \$30.00 (Optional)	 1 .