

L15000123304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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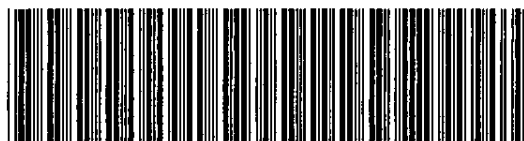
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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MAR 15 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOP NOTCH STAFFING LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L15000123304

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:

JONATHAN M. VICTOR, ESQ.

Name of Person

LAW OFFICE OF JONATHAN VICTOR PLLC

Name of Firm/Company

963 ROUTE 6

Address

MAHOPAC, NY 10541-1717

City/State and Zip Code

JON.M.VICTOR@GMAIL.COM

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

For further information concerning this matter, please call:

JONATHAN M. VICTOR

Name of Person

at (914) 263-9779

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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 provisions of section 605.0115, Florida Statutes, the undersigned,

THOMAS HAMMOND

Name of Registered Agent

, hereby resigns as

Registered Agent for TOP NOTCH STAFFING LLC

Name of Limited Liability Company

L15000123304

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.

Thomas Hammond

Signature of Resigning Agent

If signing on behalf of an entity:

THOMAS HAMMOND

Typed or Printed Name

MGR

Capacity

2017 MAR 13 P 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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