215000 174041

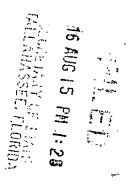
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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AUG 1 7 2016 Y SULKER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Missing of Limit	Recruting Agency UC ted Liability Company)	
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to:		
(Contact Person)		
Masing Unic		
950 N Flederal hur	1#115	
Party Blach Fl (City/State and Zip Code)	33063	
For further information concerning this matte	r, please call:	
(Name of Contact Person)	at (Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

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)

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: MISSING LINK TECTUITING HOUNCY 2
2. The Florida document/registration number assigned to this limited liability company is:
L15000176041
3. The date this member/manager withdrew/resigned or will withdraw/resign is:
4. I, OCTUHE, hereby withdraw/resign as a (Print Name of Person Resigning)
of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)