

216000156184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

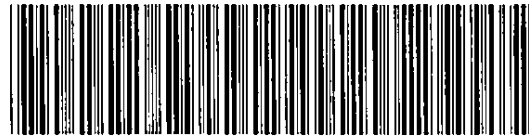
(Business Entity Name)

(Document Number)

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STATE
TALLAHASSEE, FLORIDA

S. WARREN

JUL 12 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A1 Plus Staffing
Name of Limited Liability Company

DOCUMENT NUMBER: L16000156184

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:

Aline Casthely
Name of Person

A1 Plus Staffing
Name of Firm/Company

1107 Villa Lane
Address

Baynton Beach FL 33435
City/State and Zip Code

acast25@icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Aline Casthely hereby resigns as
Name of Registered Agent

Registered Agent for A + Plus staffing
Name of Limited Liability Company

L16000156184
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.

Aline Casthely
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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withdrawn limited liability company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

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TALLAHASSEE, FLORIDA

Aline Casthely

Register Agent

Aline Casthely
1107 Villa Lane
Boynton beach, FL 33435
561.860.0886
Acast25@icloud.com

July 3, 2017

Registration Section

Division of Corporation
P.O Box 6327
Tallahassee, FL 32314

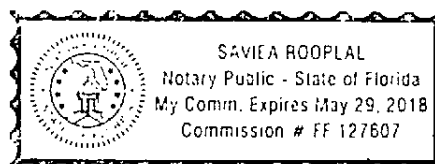
To whom it may concern.,


This letter is to confirm that I, Aline Casthely, resign as a registered agent(RA). I had no previous knowledge that the CEO, Johnson Jules, enlisted my name as the Registered Agent for the LLC company, A + Plus Staffing Florida document number L16000156184. Therefore, on the RA application form, my signature was forged and I had no understanding of this process. I am honestly sorry for the inconvenience.

For further information, I can be reached at 561.860.0886 or by email at acast25@icloud.com

Best Regards,


Aline Casthely




July 3, 2017.

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