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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

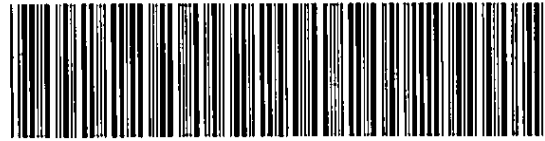
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AUG 13 2019
T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MLC Recruiting & Staffing Agency, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: 117000090160

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:

Marcus L Cowart
Name of Person

MLC Recruiting & Staffing Agency, LLC
Name of Firm/Company

5800 Quantrell Ave, unit 723
Address

Alexandria/VA/22312
City/State and Zip Code

marcus.l.cowart@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marcus L Cowart at (850) 819-4692
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Legalzoom, hereby resigns as
Name of Registered Agent

Registered Agent for MLC Recruiting & Staffing Agency, LLC

Name of Limited Liability Company

117000090160

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.

Signature of Resigning Agent

If signing on behalf of an entity:

Marcus L Cowart

Typed or Printed Name

Owener

Capacity

FILING FEES:

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withdrawn limited liability company

2019 AUG 12 P 11 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314