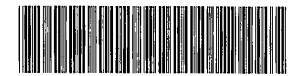
1180000 78185

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

Office Use Only



300346370063

06/15/20--01044--004 **25.00

SCURLIARY OF STATE ASION OF CURPORATIONS 20 JUN 15 PM 4: OS

Rx Resignation

JUL 9 7 2020

D CUCHING

COVER LETTER

All: 100 MB - W - 110	
SUBJECT:	
Name of Limited Liability Company	
DOCUMENT NUMBER: L18000078185	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are s for filing.	ubmitted
Please return all correspondence concerning this matter to the following:	
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
101 North Brand Blvd. 11th Floor	
Address	
Glendale, CA 91203	
City/State and Zip Code	20
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	79.00 G
Janna Pantoja at () 773-0888 x3950	F: 05
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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 605.011	5, Florida Statutes, the undersig	gned,		
Name of Registered Agent		, hereby resigns as		
Registered Agent for Allied Staff Recruit	ers, LLC			
Name of Lin	nited Liability Company		 ,	
L18000078185				
Document Number, if known				
The agency is terminated and the office disco	Signature of Resigning Agent	e date on which this stater	ment is f	iled.
If signing on behalf of an entity:			2	És
Cheyenne Mose	Cheyenne Moseley		प्राकृति ।	170g
	'yped or Printed Name		12	14년 12년
Asst. Secretary for C	United States Corporation Agent	s, Inc.	S	788Y
FILING \$ 85.00 \$ 25.00	FEES: Active limited liability compadministratively dissolved/withdrawn limited liability	voluntarily dissolved/	50 th	SAULT SAULT STATE

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