

K21 000404379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

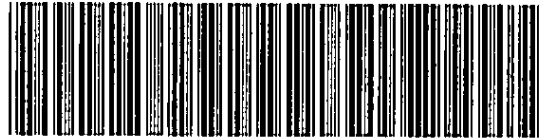
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Special Instructions to Filing Officer:

Q. SILAS

1/10/22

Office Use Only



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FILED

2022 JAN 10 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FL



RECEIVED

2022 JAN 10 PM 3:19

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FL

December 17, 2021

SOPHIA MCKAY WILLIAMS  
1449 W 37TH ST  
RIVIERA BEACH, FL 33404

SUBJECT: SOPHIA A MCKAY WILLIAMS LLC  
Ref. Number: L21000404379

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please complete the enclosed resignation form. The form you submitted is incomplete and you combined (2) forms, the Amendment and the Resignation form which cannot be filed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050. *Ext 0*

Querida R Silas  
Regulatory Specialist II

Letter Number: 321A00030324

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Blacxx Attack Staffing LLC  
(Name of Corporation)

DOCUMENT NUMBER: L 21000 404379

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sophia McKay Williams  
(Name of Person)

Blacxx Attack Staffing LLC  
(Name of Firm/Company)

1449 W 37th St Riviera Beach FL  
(Address)

Riviera Beach FL 33404  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sophia McKay Williams at ( 707 ) 234 9213  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED

2022 JAN 10 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FL

**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: SOPHIA A MCKAY WILLIAMS LLC

2. The Florida document/registration number assigned to this limited liability company is:

L21000404379

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01-04-2022

4. I, Sophia McKay Williams, hereby withdraw/resign as a  
(Print Name of Person Resigning)

CEO  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

S Williams  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)