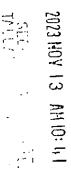


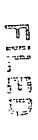
(Requ	estor's Name)	
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PICK-UP	☐ WAIT	MAIL
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· CÓVER LETTER •

TO: Registration Section	
Division of Corporations	
SUBJECT: LIV Staffing, LLC	
(Name of Li	imited Liability Company)
The enclosed member, resignation or disso	ciation and fee(s) are submitted for filing.
Please return all correspondence concernin	g this matter to:
Tammy L Gomes	
(Contact Person)	
LIV Staffing. LLC	
(Firm/Company)	
370 Prestwick Circle, unit 4	
(Address)	
Palm Beach Gardens, Florida 33418	
(City/State and Zip Code)	
For further information concerning this ma	itter, please call:
Tammy L Gomes	561 373-4740 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable	e to the Florida Department of State for:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations The Centre of Tallahassee
P.O. Box 6327 Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
rananassee, FL 32314	Tallahassee, FL 32303



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)

The name of the limited liability company as it ap of State is: LIV Staffing, LLC	opears on the records of the Florida Department
2. The Florida document/registration number assign L23000058774	ed to this limited liability company is:
3. The date this member/manager withdrew/resigned 4. I. Christopher Brink (Print Name of Person Resigning) Authorized Member (Print Title) of this limited liability company and affirm the limited resignation in writing.	, hereby withdraw/resign as a Fig. 33 To
Signature of Dissociating Member or Resigning Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	Manager