M02000003176

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Bı	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
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	W	
	Office Use Only	



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B. KOHR

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EXAMINER

COVER LETTER

Division of	Section Corporations			
SUBJECT: SPHE	ERION ATLANTIC RE	ESOURCES LLC		
	(Name of For	eign Limited Liability	Company)	
Dear Sir or Madam:				
The enclosed withdra	awal and fee(s) are submitte	d for filing.		
Please return all corr	espondence concerning this	matter to the following	3:	12 10 1 5 SEE
RAY S MOCK				3
	(Name of Person)		•	E.C.
	(77 0
RANDSTAD TA	X SERVICES		_	
	(Firm/Company)			
150 PRESIDEN	ΓΙΑL WAY, SUITE 40	0		
	(Address)			
WOBURN, MA	01801			
	(City/State and Zip Cod	e)	•	
For further informati	on concerning this matter, p	dease call:		
RAY S MOCK		at (781	213-1500	
(Na	ime of Person)		Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check	for the following amount:			
■ \$25 Filing Fee	□\$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	;

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SPHERION ATLANTIC RESOURCES LLC
(Name of limited liability company)
DELAWARE
(Jurisdiction of its organization)
M02000003176
(Florida Document Number)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.
150 PRESIDENTIAL WAY, SUITE 400
(Mailing address)
WOBURN, MA 01801
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of member or authorized representative of a member)
(Signature of member of authorized representative of a member)
ROBERT J CALABRO
(Typed or printed name of signee)

Filing Fee: \$25.00