

MI0000003893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Withdrawing*

Office Use Only



000249998230

07/29/13--01046--092 \*\*25.00

DEPT. OF STATE  
TALLAHASSEE, FLORIDA

2013 JUL 29 AM 9:01

FILED

J. SAULSBERRY  
EXAMINER

JUL 30 2013

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **MDT Personnel, LLC**  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Joey Guarino**

(Name of Person)

**JCG Legal**

(Firm/Company)

**15504 Montilla Loop**

(Address)

**Tampa Florida 33625**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Joey Guarino**

(Name of Person)

at ( **727** ) **423-0127**

(Area Code & 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:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|--|--|

FILED  
2013 JUL 29 AM 9:01  
REGISTRATION SECTION  
TALLAHASSEE, FLORIDA

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

**MDT Personnel, LLC**

(Name of limited liability company)

**Pennsylvania**

(Jurisdiction of its organization)

(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.

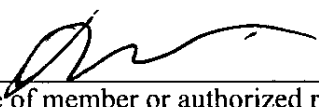
**1201 Hays Street**

(Mailing address)

**Tallahassee Florida 32301**

(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)

**Mike Traina**

(Typed or printed name of signee)

**FILED**  
2013 JUL 29 AM 9:01  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee: \$25.00**