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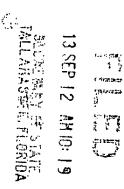
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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COVER LETTER

TO: Registratio	n Section Corporations					
SUBJECT: ME	OT Staffing, L	LC				
	(Name of Fo	reign Limited Liability	Company)			
Dear Sir or Madam:						
The enclosed withdr	awal and fee(s) are submitte	d for filing.				
	respondence concerning this	_	r:			
	,		,			
Joey Gua	arino					
	(Name of Person)		-			
MDT Cto	ffina IIC					
MD1 Sta	ffing, LLC		-			
	(Firm/Company)					
105 Mont	gomery Ave,	Suite 1053				
	(Address)		-			
Lansdale	, PA 18936		Ę	45. 5.		
	(City/State and Zip Cod	le)	- ≘::(, , , , , , ,)		3 S	-3,44,4
				7.3	9	Cr suss
	ion concerning this matter, p	lease call:			2	d d
	oyce, CPA	_{at (} 813	₎ 384-2700	70	A	i i
. (N	ame of Person)	(Area Code &	Daytime Telephone Number)	35	`; <u>;;</u>	AC LR 445
STREET/C	COURIER ADDRESS:	MAILING ADDRESS:		©		
Registration	n Section Corporations	Registration Section Division of Corporations				
Clifton Bui		P.O. Box 6327				
	ntive Center Circle , Florida 32301	Tallah	assee, Florida 32314			
Enclosed is a check	for the following amount:					
\$25 Filing Fee	□ \$30 Filing Fee &	□ \$55 Filing Fee &	□ \$60 Filing Fee,			
	Certificate of Status	Certified Copy	Certificate of Status & Certified Copy			

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

MDT Staffing, LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
M1000004197	
(Florida Document Number)	
This limited liability company is no longer transacting business in Flor authority to transact business in this state.	ida and surrenders its
This limited liability company revokes the authority of its registered agent to behalf and appoints the Department of State as its agent for service of proof action arising during the time it was authorized to transact business in Fl	to accept service on its occess based on a cause orida.
105 Montgomery Ave, Suite 1053 (Mailing address)	
, ,	
Lansdale, PA 18936	
(City/State/Zip)	
The limited liability company agrees to notify the Department of State in th in its mailing address.	e future of any change
_ Il Banes	机 系数 3
(Signature of member or authorized representative of a member)	IZ SEP
Joey Guarino	
(Typed or printed name of signee)	
	202
	இரு ம

Filing Fee: \$25.00