

M/50600000354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

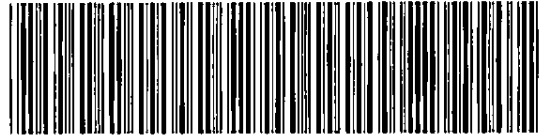
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2024 JAN 10 PM 3:18
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TALLAHASSEE FLORIDA

R. HUNT
01/10/24



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations
From: Alexxis Weiland-Sorenson
Ext: 61592
Date: 01/10/24
Order #: 1386180-3
Re: Hudson Staffing LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:
Application for Certificate of Withdrawal

AUTH:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:
I20000000195

Please take the following action:
File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

2024
JAN 10 PM 4:06
FL STATE
TALLAHASSEE, FL
ED

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Hudson Staffing LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

1/13/2015

(Date registered with Florida Department of State)

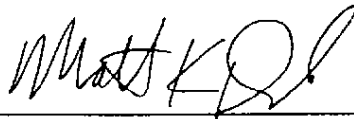
M15000000354

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



(Signature of authorized representative)

MATTHEW K. DIAMOND

(Typed or printed name of signee)

2015 JAN 13 PM 4:06
DEPT OF STATE
TALLAHASSEE, FL
30

Filing Fee: \$25.00