

MIS00000851

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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- ☐ **CERTIFIED COPY** _____
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- XX** **FILING** LLC Withdrawl

1. FS STAFFING LIMITED LIABILITY COMPANY

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

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SPECIAL INSTRUCTIONS:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FS Staffing Limited Liability Company
(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:

Heather Wende
(Name of Person)

FS Staffing Limited Liability Company
(Firm/Company)

P.O. Box 225
(Address)

Wood Ridge, NJ 07075
(City/State and Zip Code)

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For further information concerning this matter, please call:

Heather Wende at 201, 773-9684 x301
(Name of Person) (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:

- ☐ \$25 Filing Fee ☒ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

FS Staffing Limited Liability Company
(Name of limited liability company)

New Jersey
(Jurisdiction of its organization)

01-23-2015
(Date registered with Florida Department of State)

M15000000851
(Florida Document Number)

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

Mark Healey
(Signature of authorized representative)

Mark Healey
(Typed or printed name of signee)

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TALLAHASSEE, FLORIDA

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Filing Fee: \$25.00