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D	ate: 5/29/2019			
	Acc#120160000072			
Name:	CREATIVE STAFFING, LLC			
Document #:				
Order #:	11703190			
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:				
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COVER LETTER

	istration S ision of C	ection orporations		
aun reem	Creative	Staffing, LLC		
SUBJECT:		(Name of Fore	ign Limited Liability	Company)
Dear Sir or N	⁄ladam:			
The enclosed	d withdray	val and fee(s) are submitted	for filing.	
Please return	all corres	pondence concerning this r	natter to the followin	g:
Amy L. Eva	ırd			
		(Name of Person)		_
Barnes & Ti	hornburg l	LLP		
		(Firm/Company)		_
100 N. Mich	nigan Stre	et, Suite 700		_
		(Address)		
South Bend	, Indiana 4	16601		_
		(City/State and Zip Code	:)	
For further i	nformatio	n concerning this matter, pl	ease call:	
Amy L. Eva	ard		574 at (296-2526
	(Nar	ne 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 f	or the following amount:		
□ \$25 Filin	g Fee	□ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Creative Staffing, LLC
(Name of limited liability company)
Indiana
(Jurisdiction of its organization)
11/13/2018
(Date registered with Florida Department of State)
M18000010199
(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: May 27, 2019 (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) Jeffrey Miller, Director
(Typed or printed name of signee)

Filing Fee: \$25.00