P0200097699

(Re	questor's Name)			
(Address)				
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·		
(Cit	y/State/Zip/Phone	· #)		
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(Bu	siness Entity Nam	ne)		
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SECRETARY OF STATE

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TRANSMITTAL LETTER

SUBJECT: Best	<u> </u>	itions. In Name of Corpo	ration)				٠ .
DOCUMENT NUMBER:	P020000	•				i se su i j	. e (2
The enclosed Resignation of Re	gistered Ag	gent for a Corp	oratio	n and fee are s			** .
Please return all correspondence	e concerning	g this matter to	o the fe	ollowing:			
Sora (Name of	ya Masip Person)	<u> </u>		-			-
Name of Firm	aff Solu /Company)	tions Inc	<u></u> .	 ·· .	· .		
7020 (Addr	Westmar ess)	Drive					
Orla (City/State and	ndo, FL i Zip Code)	32819				<u>.</u>	· •
For further information concern	ing this mat	ter, please cal	1:				
Soraya Masip (Name of Person)		at (<u>407</u> (Area C) ode &	345-5237 Daytime Teleph	one Number)		

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section Division of Corporations

TO:

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399



Glenda E. Hood Secretary of State

February 13, 2004

SORAYA MASIP 7020 WESTMAR DRIVE ORLANDO, FL 32819

SUBJECT: BESTAFF SOLUTIONS INC.

Ref. Number: P02000097699

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

To file a resignation as an officer or director with this office, the enclosed form should be completed and returned with a filing fee of \$35 per person resigning.

To resign as registered agent for an active corporation, the enclosed resignation form should be completed and returned with a filing fee of \$87.50.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 904A00009931

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60'	7.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	Soraya Masip (Name of Registered Agent)
hereby resigns as Registered Agent for _	Bestaff Solutions, Inc. (Name of Corporation)
P02000097699 (Document Number, if known)	<u> </u>
A copy of this resignation was mailed to	the above listed corporation at its last known address.
The agency is terminated and the office of this statement is filed.	discontinued on the 31st day after the date on which
If signing on behalf of an entity:	nature of Resigning Agent) ALL CHETARY OF STATE
 	(Capacity)

Fee for filing this document:

\$87.50 - Active corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314