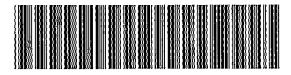
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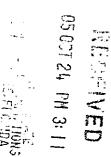
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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RA. Desego.

C. Coulliste OCT 2 4 2005

## **COVER LETTER**

	Division of Corporations
SUBJE	CT: PRESIDION STAFFING, INC. (Name of Corporation)
DOCU	MENT NUMBER:
The enc	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please r	return all correspondence concerning this matter to the following:
GLEND	OA K. HALLETT (Name of Person)
INCOR	RPORATING SERVICES, LTD. (Name of Firm/Company)
2855	APALACHEE PARKWAY, BUILDING A, SUITE 16 (Address)
TALLA	AHASSEE, FL 32301 (City/State and Zip Code)
For furt	ther information concerning this matter, please call:
GLEND	OA K. HALLETT at ( 302 ) 531-0855 (Name of Person) (Area Code & Daytime Telephone Number)
Enclose or \$35.0	ed is a check made payable to the Florida Department of State for \$87.50 for an active corporation for an active corporation for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, INCORPORATING SERVICES, LTD. (Name of Registered Agent)
hereby resigns as Registered Agent for PRESIDION STAFFING, INC. (Name of Corporation)
(Document Number, if known)  A copy of this resignation was mailed to the above listed corporation at its last known afteress.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.  (Signature of Resigning Agent)  If signing on behalf of an entity:
GLENDA K. HALLETT (Typed or Printed Name)
ASSISTANT SECRETARY (Capacity)

## Fee for filing this document:

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

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