

1005000015690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LABOR ADVANTAGE, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000015690

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSEFINA JOHNSEN

(Name of Person)

LABOR ADVANTAGE, INC.

(Name of Firm/Company)

4107 N.W. 135 STREET

(Address)

OPA LOCKA, FL. 33054

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEFINA JOHNSEN at ( 305 ) 687-8900

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

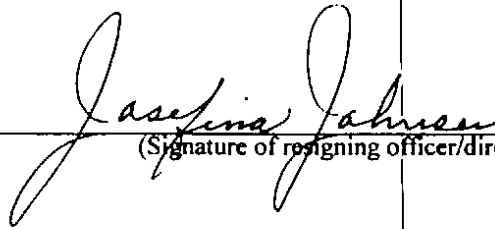
OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION

I, JOSEFINA JOHNSEN, hereby resign as VICE PRESIDENT OF OPERATION  
(Title)

of LABOR ADVANTAGE, INC  
(Name of Corporation)

P05000015690, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

TALLAHASSEE, FLORIDA

17 JUL 20 PM 4:50

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