P14000084193

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	ry/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			





000273479700

06/02/15--01024--012 **35.00

SECRETARISSEE, FLORIDI

TRANSMITTAL LETTER

Division of Corporations JACKSONVILLE MANAGEMENT & STAFFING (Name of Corporation) P14000084193 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: HIMESH LAKHLANI (Name of Person) (Name of Firm/Company) 201 COMERCIANTES BLVD (Address) SANTA TERESA, NM 88008 (City/State and Zip Code) For further information concerning this matter, please call: HIMESH LAKHLANI (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Mailing Address:

P.O. Box 6327

Amendment Section

Division of Corporations

Tallahassee, FL 32314

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

15 JUN -2 PH 4: 08

_T HIMESH BHARAT LA	KHLANI hereby resig	president & CEO (PCEO)
*,	, hereby resig	(Title)
_{of} JACKSONVILLE N	MANAGEMEN	T & STAFFING, THE
(Nar	ne of Corporation)	
P14000084193 (Document Number, if known)	, a corporation organize	ed under the laws of the State of
FLORIDA	·	
	1 h	

FILING FEE IS \$35.00

(Signature of resigning officer/director)

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

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