P21000097578

(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(business thing Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer.			
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DEC 12 S. PRATHER

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	TCA STAFFING INC	
	(Name of	of Corporation)
DOC	UMENT NUMBER: P21000097578	
The e	enclosed Resignation of Registered Agent for a	or a Corporation and fee are submitted for filing.
Pleas	e return all correspondence concerning this ma	matter to the following:
Travis	Crabtree	
	(Name of Person)	
LEGA	ALCORP SOLUTIONS. LLC	
	(Name of Firm/Company)	
3 Gree	enway Plaza #1320	
	(Address)	
Houst	on, TX 77046	
-	(City/State and Zip Code)	
For fu	urther information concerning this matter, plea	lease call:
Legal	Corp Solutions, LLCat (888 534-3018
	(Name of Person) (A	(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of secti	ions 607.0503(2), 617.0502(2), 607.1509, or 617.1509	€,	
Florida Statutes, the undersigned,	LEGALCORP SOLUTIONS, LLC		
(Name of Registered Agent)			
hereby resigns as Registered Ager	TCA STAFFING INC		
nerety realging as resgistered rige.	(Name of Corporation)	· · · · · · · · · · · · · · · · · · ·	
P21000097578			
(Document Number, if known)			
A copy of this resignation was ma	ailed to the above listed corporation at its last known a	iddress.	
The agency is terminated and the this statement is filed.	office discontinued on the 31st day after the date on w	vhich	
		2024	
	(Signature of Resigning Agent)	- 사 원	
If signing on behalf of an entity:			
Travis Crabtree			
 	(Typed or Printed Name)		
Member			
	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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