98000038715

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Document Number)
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C. Goulliette MAY 2 5 2007

COVER LETTER

Division of Corporations	
SUBJECT: PRESIDION CORPO	RATION
	(Name of Corporation)
DOCUMENT NUMBER: P9800	00038715
The enclosed Resignation of Register	ered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence cor	ncerning this matter to the following:
CANDICE B. SWETLAND	
(Name of Person	on)
INCORPORATING SERVICES	•
(Name of Firm/Con	mpany)
1540 GLENWAY DRIVE	
(Address)	
TALLAHASSEE, FL 32301	
(City/State and Zip	Code)
For further information concerning	this matter, please call:
CANDICE B. SWETLAND	at () 656-7956 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check made payable to or \$35.00 for an administratively di	o the Florida Department of State for \$87.50 for an active corporation ssolved, voluntarily dissolved or withdrawn corporation.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 617.15	509,
Florida Statutes, the undersigned, INCORPORATING SERVICES, LTD.	
(Name of Registered Agent)	
hereby resigns as Registered Agent for PRESIDION CORPORATION	,
(Name of Corporation)	
P98000038715	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last know	n address.
The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed. (Signature of Resigning Agent)	ı which
If signing on behalf of an entity:	
if signing on ochan of an entity.	₹
CANDICE B. SWETLAND	SECF

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

ASSISTANT SECRETARY

\$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withdrawn corporation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

COVER LETTER

TO:	Amendment Section Division of Corporations
SUB	TECT: PRESIDION CORPORATION (Name of Corporation)
DO.	CUMENT NUMBER: P98000038715
The e	enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Pleas	e return all correspondence concerning this matter to the following:
CA	NDICE B. SWETLAND
	(Name of Person)
INC	CORPORATING SERVICES, LTD.
	(Name of Firm/Company)
154	10 GLENWAY DRIVE
	(Address)
TA	LLAHASSEE, FL 32301
	(City/State and Zip Code)
For :	further information concerning this matter, please call:
CA	NDICE B. SWETLAND at () 656-7956
	NDICE B. SWETLAND at (
Encl or \$	osed is a check made payable to the Florida Department of State for \$87.50 for an active corporation 35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Amo Divi Clift 266	et Address: Endment Section Sion of Corporations On Building I Executive Center Circle Sahassee, 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 provision	s of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617	7.1509,	
Florida Statutes, the under	ersigned, <u>IN</u>	CORPORATING SERVICES, LTD. (Name of Registered Agent)		
hereby resigns as Registe	ered Agent for	PRESIDION CORPORATION (Name of Corporation)	.	
P98000038715	/			
(Document Number,	, if known)	·		
A copy of this resignation	n was mailed t	o the above listed corporation at its last kn	own address.	
The agency is terminated this statement is filed.	d and the office	discontinued on the 31st day after the date	e on which	
	(S	gnature of Resigning Agent)	_	
If signing on behalf of a	n entity:			
CAI	NDICE B. SW	ETLAND	8 A	
		(Typed or Printed Name)	07 MAY 22 SECRETARY ALLAHASSE	· ·
ASS	SISTANT SEC	CRETARY	1'1	FIL FIL
		(Capacity)	PH 12: 52 OF STATE E. FLORIDA	ED OVEL

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