



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/31/2014	201436500130	Dissolution/Limited Liability Company (LDS)	50.00				0

Receipt

This is not a bill. Please do not remit payment.

**CHOKEN WELLING LLP
3020 W MARKET ST
FAIRLAWN, OH, 44333**

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

1297836

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

CAREY STAFFING ASSOCIATES, LLC

and, that said business records show the filing and recording of:

Document(s)

Dissolution/Limited Liability Company

Document No(s):

201436500130

Effective Date: 12/31/2014



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 31st day of December, A.D.
2014.

Jon Husted
Ohio Secretary of State



Form 562 Prescribed by:
Ohio Secretary of State

JON HUSTED
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Date Electronically Filed: 12/31/2014

**Certificate of Dissolution of Limited Liability Company/
Cancellation of Foreign Limited Liability Company
Filing Fee: \$50**

(CHECK ONLY ONE(1) BOX)

(1) ☒ Domestic Limited Liability Company
(For-profit or Nonprofit)
(140-LDS)

(2) ☐ Foreign Limited Liability Company
(For-profit or Nonprofit)
(131-LFS)

Jurisdiction of Formation

Name of Limited Liability Company **CAREY STAFFING ASSOCIATES, LLC**

If foreign, name of Limited Liability Company in its jurisdiction of formation (if different)

Ohio Registration Number **1297836**

Complete the information in this section if box (1) is checked.

The Limited Liability Company hereby certifies that the effective date of the dissolution is: **12/31/2014**

Date

Note: Effective date must be on or before the date of filing.

Complete the information in this section if box (2) is checked.

The undersigned limited liability company hereby certifies that it is no longer transacting business in the state of Ohio.

The limited liability company the authority of its registered agent to accept service of process,
(Please enter 'does revoke' or 'does not revoke') notices and demands on its behalf.

If the authority of the agent is **revoked** then please provide the address to which a person may mail copy of any process, notice, or demand against the company is:

Mailing Address

City

State

ZIP Code

If this mailing address changes in the future, the limited liability company hereby agrees to notify the Ohio secretary of state of such change.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Must be signed by an authorized representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name