



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
07/21/2017	201720103928	Dissolution/Limited Liability Company (LDS)	50.00	0.00	0.00	0.00

Receipt

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

BENSON & SESSER, LLC
ATTN: STEPHEN K. SESSER
36 SOUTH PAINT STREET
CHILLICOTHE, OH 45601

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
1450370

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

PREFERRED STAFFING OF OHIO, LLC

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

Document(s)

Dissolution/Limited Liability Company

Effective Date: 05/31/2015

Document No(s):

201720103928



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
21st day of July, A.D. 2017.

Ohio Secretary of State



Form 562 Prescribed by:

JON HUSTED
 OHIO SECRETARY OF STATE

 Toll Free: (877) SOS-FILE (877-767-3453)
 Central Ohio: (614) 466-3910

 www.OhioSecretaryofState.gov
 busserv@OhioSecretaryofState.gov

File online or for more information: www.OHBusinessCentral.com

Mail this form to one of the following:

 Regular Filing (non expedite)
 P.O. Box 1329
 Columbus, OH 43216

 Expedite Filing (Two business day processing time.
 Requires an additional \$100.00)

 P.O. Box 1390
 Columbus, OH 43216

Certificate of Dissolution of Limited Liability Company/ Cancellation of Foreign Limited Liability Company

Filing Fee: \$50

2017 JUL 20 AM 11:26

(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 Preferred Staffing of Ohio, LLC

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

Ohio Registration Number 1450370

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: 05/31/15

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

Date

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)

Ken Shelton
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name