

P95000087643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

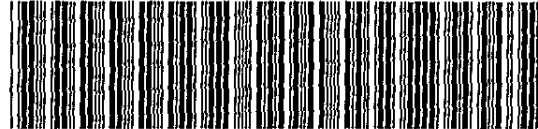
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALL NATION HUMAN RESOURCES, INC
(Name of Corporation)

DOCUMENT NUMBER: PA5000087643

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

EQUARDO VARGAS
(Name of Person)

SOLUTIONS STAFFING
(Name of Firm/Company)

P.O. BOX 52-6404
(Address)

MIAMI, FL 33152
(City/State and Zip Code)

For further information concerning this matter, please call:

EQUARDO VARGAS at (305) 477-6220
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
409 E. Gaines Street
Tallahassee, FL 32399

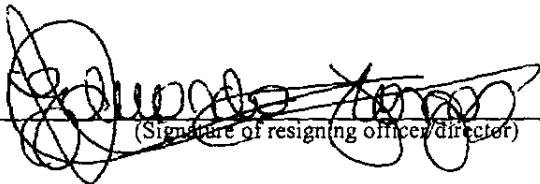
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, VARGAS, EDUARDO E, hereby resign as D _____
(Title)

of ALL NATION HUMAN RESOURCES, Inc. _____
(Name of Corporation)

P95000087643, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA _____.


(Signature of resigning officer/director)

FILED
04 OCT -1 PM 3 43
SECRETARY OF STATE
TALLAHASSEE, FL

FILING FEE IS \$35.00

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

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