P01000014094

(Requ	uestor's Name)		
(Addı	ess)		
- (Addı	ess)		
(City/	State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificate	s of Status	
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SECRETARY OF STATE

off. Resign.

B SEP 16 2010

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: NHRC ENTERPRISE	S, INC	•
	(Name of Corporation)	
DOCUMENT NUMBER: P0100	00014094	
The enclosed Officer/Director Resign	ation for a Corporation and fe	e are submitted for filing.
Please return all correspondence conc	erning this matter to the follo	wing:
KEN SHRIBERG		
(Name of Person	n)	
NHRC ENTERPRI	SES, INC.	
(Name of Firm/Com	pany)	
1722 AVENIDA DEL	SOL	
(Address)		
BOCA RATON, FL 3	33432	
(City/State and Zip (Code)	
For further information concerning th	is matter, please call:	
KEN SHRIBERG	at (561) 393	-3636 /time Telephone Number)
(Name of Person)	(Area Code & Day	rtime Telephone Number)
Enclosed is a check for \$35.00 made	payable to the Florida Departi	ment of State.
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	

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

	/ DIRECTOR RESIGNATION OR A CORPORATION	PALLAHASSEOF PHIR: 57
I,	, hereby resign as VICE PF	RESIDENT (Title)
of_ NHRC ENTERPRISES, INC.		,
(Nam	ne of Corporation)	
P01000014094 (Document Number, if known)	, a corporation organized under the lav	vs of the State of
FLORIDA	·	

(Signature of resigning officer/director)

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