## P04000108271

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(Re	equestor's Name)					
(Ad	idress)					
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(City/State/Zip/Phone #)						
PICK-UP		MAIL				
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Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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	Office Use Only					

officer Resignation



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FILED 05 SEP -9 PM 4:07 PALITAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

NSR Tuc (Name of Corporation) SUBJECT: P04000108271 DOCUMENT NUMBER:

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NEIL MILLER (Name of Person)

NSR Iwc (Name of Firm/Company)

CAREINGTON LANE (Address)

City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (954) 812-8699 (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

(		RECTOR RESIGN CORPORATION	ſ	05 SEP -9 P	ם: א 4:רח
	• • • • -			SSEE.F	STATE
I. NEIL	MILLER	, hereby resign a	s <u> </u>	(Title)	
of <u>NS</u>	IC Luc. (Name of Co	orporation)			,
(Document Number,	271), a if known)	corporation organized u	inder the lay	ws of the State of	
FLORIDA	·				
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8/29/05 (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