

PO5000131871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

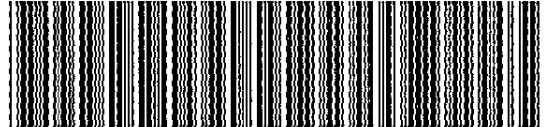
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2005 NOV 21 AM 8:45

O/D resign

11/21

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Admin & HR, Inc.
(Name of Corporation)

DOCUMENT NUMBER: PO8000131871

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Sara Adams

(Name of Person)

Florida Admin & HR, Inc.

(Name of Firm/Company)

18520 NW 87th Ave, Suite #295

(Address)

Miami, Florida 33015

(City/State and Zip Code)

For further information concerning this matter, please call:

Sara Adams

(Name of Person)

at (305)

(Area Code & Daytime Telephone Number)

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2005 NOV 21 AM 8:45

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Sara Adams, hereby resign as President, Secretary, & Treasure
(Title)

of Florida Admin & HR, Inc.
(Name of Corporation)

P05000131871, a corporation organized under the laws of the State of
(Document Number, if known)

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