

PO8000011693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

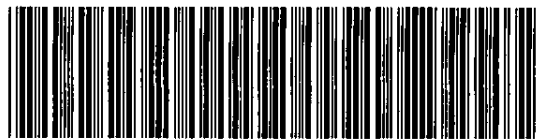
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Officer Resign
Curt Murphy
11/21/09*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NR APARTMENTS INC.
(Name of Corporation)

DOCUMENT NUMBER: PO 80000 11693

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 S. ROGERS
(Name of Person)

NR APARTMENTS INC.
(Name of Firm/Company)

7434 GARY AVENUE
(Address)

MIAMI BEACH FL 33141
(City/State and Zip Code)

For further information concerning this matter, please call:

NEIL S. ROGERS at (305) 525-4324
(Name of Person) (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

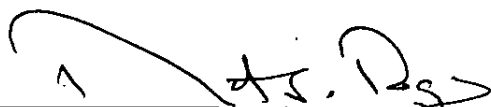
Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, NEL S. ROGERS, hereby resign as PRESIDENT.
(Title)

of NR APARTMENTS, INC.
(Name of Corporation)

P08000011693, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA.


(Signature of resigning officer/director)

FILED
09 JAN 12 AM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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