## P94000069210

(Requestor's Name)	
(Address)	_
(Address)	_
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Duning Frails Name)	_
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
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RA Resign

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05 OCT -3 AM 9: 25 SECRETARY OF STATE TALL MISSIEF, FLORICA

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: NHLD The (Name of Corporation)  DOCUMENT NUMBER: 1946000 1092 10
DOCUMENT NUMBER: 194600 69210
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filir
Please return all correspondence concerning this matter to the following:
Gisela Fasco (Name of Person)
Broad and Cassel  (Name of Firm/Company)  Ohe Biscaure Tower, 21st Floor  2 South Biscaure Blud.  (Address)
Miami FL 33:31 (City/State and Zip Code)
For further information concerning this matter, please call:
Cisela Fasco at (305) 373-9419  (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 of

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

FILED
05 007 -3
SECRETARY OF STATE TALLAHASSEE, FLORIDA
TALLAMASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, be C (OR PO) a to Sekvices, Inc.  (Name of Registered Agent)
(Name of Registered Agent)
hereby resigns as Registered Agent for NHCDTnc. (Name of Corporation)
(Name of Corporation)
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which
this statement is filed.
Duck flee
(Signature of Resigning Agent)
If signing on behalf of an entity:
Gise A FASco (Typed or Printed Name)
(Typed or Printed Name)
^
Vice Parsidont
(Canarity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314