

P95000092172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

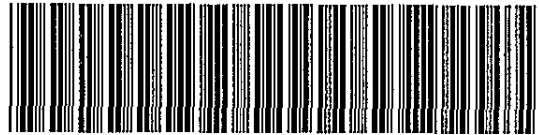
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000041349530

10/01/04--01007--013 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

04 OCT - 1 AM 8:42

FILED

10-7  
off/dir  
sign

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ANHR, INC  
(Name of Corporation)

DOCUMENT NUMBER: P950000 92172

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDUARDO VARGAS  
(Name of Person)

SOLUTIONS STAFFING  
(Name of Firm/Company)

P.O. BOX 52-6404  
(Address)

MIAMI, FL 33152  
(City/State and Zip Code)

For further information concerning this matter, please call:

EDUARDO VARGAS at (305) 477-6220  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

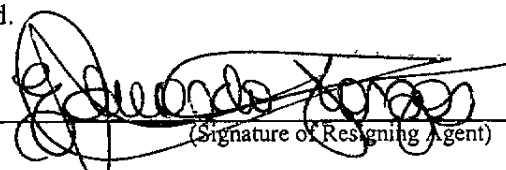
Florida Statutes, the undersigned, VARGAS, EDUARDO E.  
(Name of Registered Agent)

hereby resigns as Registered Agent for ANHR, INC.  
(Name of Corporation)

P95000092172  
(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.

  
(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

**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

**FILED**  
04 OCT - 1 AM 8:42  
TALLAHASSEE, FL 32314  
SECRETARY OF STATE