

P95000092172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ANHR, INC  
(Name of Corporation)

DOCUMENT NUMBER: P95000092172

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

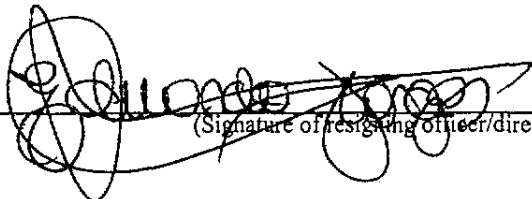
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, VARGAS, EDUARDO E, hereby resign as D  
(Title)

of ANHR, INC.  
(Name of Corporation)

P95000092172 a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA.

  
(Signature of resigning officer/director)

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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