F9900004210

(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
,		
(Br	usiness Entity Nar	nej
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
·		

Office Use Only



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05/06/10--01038--015 **175.00

TO HAY -6 PH 2: 44
SECRETARY OF STATE
AND ANASSEE FLORIDA

FILED



212 894 8940 tel 212 590 9180 fax www.ctlegalsolutions.com

April 28, 2010

RE: ANC INFORMATION TECHNOLOGY, INC. (DE. DOM.)

JET DIRECT AVIATION, INC. (DE. DOM.)

NATIONAL CAR RENTAL LICENSING, INC. (DE. DOM.)

NCRS INSURANCE AGENCY, INC. (DE. DOM.)

PF.NET CONSTRUCTION CORP. (DE. DOM.)

Department of State
Division of Corporations
Clifton Building
261 Executive Center Circle
Tallahassee, Florida 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is <u>1</u> check in the amount <u>175.00</u>. to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self- address envelope.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA:lf Enclosure

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	607.0502(2), 617.0502(2), 607.1509, or 617.1509,		
Florida Statutes, the undersigned,	C T CORPORATION SYSTEM		
	(Name of Registered Agent)		
hereby resigns as Registered Agent for	NCRS INSURANCE AGENCY, INC. (DE. DOM.)		
	(Name of Corporation)		
F99000004210			
(Document Number, if known)			
A copy of this resignation was mailed to	to the above listed corporation at its last known address.		
The agency is terminated and the office this statement is filed.	e discontinued on the 31st day after the date on which		
lau	alf.		
(S	ignature of Resigning Agent)		
If signing on behalf of an entity:	$oldsymbol{\mathcal{V}}$.		
C T CORPORA	TION SYSTEM - THERESA ALFIERI		
Middle or .	(Typed or Printed Name)		
AS	SSISTANT SECRETARY		
·	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

10 IBY -5 PH 2: UL

