

PO4000046323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

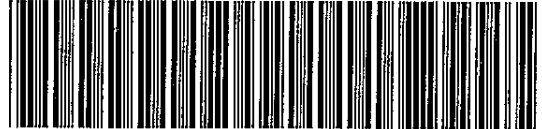
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600062385666

01/05/06--01053--002 **87.50

FILED
06 JAN -5 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA/Res
@ 1.5.04



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 19, 2005

OSWALDO OROZCO
CNCIS, INC.
13818 S.W. 28TH STREET
MIRAMAR, FL 33027

SUBJECT: CNCIS, INC.
Ref. Number: P04000046323

We have received your document for CNCIS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Photocopies are not acceptable and you can not list your position as vice president and registered agent on the same form. Please see the enclosed form to resign as registered agent.

The fee to resign as registered agent of an active corporation is \$87.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 305A00063579

**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, KENNETH M. SALZMAN

(Name of Registered Agent)

hereby resigns as Registered Agent for CNCIS INC.

(Name of Corporation)

P04000046323

(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)

FILED
06 JAN -5 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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withdrawn corporation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