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COVER LETTER

TO: Amendment Section Division of Corpor	
SUBJECT: CNB En	terprises, Inc. (Name of Corporation)
	• • •
DOCUMENT NUMBER	
The enclosed Resignation	of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspon	ndence concerning this matter to the following:
Ronald W. Sik	A.C.
	me of Person)
`	,
()]	
(Name o	of Firm/Company)
310 S. Dillard S	Street Suite 120
	(Address)
Winter Garden, F	34787
	ate and Zip Code)
For further information co	oncerning this matter, please call:
	·
Ronald W. Sikes	MC 1
(Name of P	'erson) (Area Code & Daytime Telephone Number)
Enclosed is a check made or \$35.00 for an administr	payable to the Florida Department of State for \$87.50 for an active corporate ratively dissolved, voluntarily dissolved or withdrawn corporation.
Street Address: Amendment Section Division of Corporations Plifton Huilding 2661 Executive Center Cir Tallahassec, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314



October 3, 2008

RONALD W. SIKES 310 SOUTH DILLARD STREET, SUITE 120 WINTER GARDEN, FL 34787

SUBJECT: CBN ENTERPRISES, INC.

Ref. Number: P05000077852

We have received your document for CBN ENTERPRISES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The subject Company is a corporation and not an LLC. Please find correct form to file.

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) 245-6916.

Letter Number: 008A00052515

Carol Mustain Regulatory Specialist II

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, Ronald W. Sikes	
(Name of Regi	stered Agent)
hereby resigns as Registered Agent for <u>CBN Enterprises</u> (Name of Co	, Inc.
P05000077852	,
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporate	tion at its last known address.
The agency is terminated and the office discontinued on the 31st this statement is filed.	day after the date on which
(Signature of Resigning Agent)	
If signing on behalf of an entity:	FIL PLONETARY WILDHASSE
(Typed or Printed Name)	FOR THE PROPERTY OF THE PROPER
	D I: 49
(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