Po600002344

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	····
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SECRETARY OF STATE



PARO 10/50

COVER LETTER

Division of Corporations
SUBJECT: PNIC Inc (Name of Corporation)
(Name of Corporation)
DOCUMENT NUMBER: P06000023447
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:
Connie Parker (Name of Person)
(Name of Person)
Pwic Inc (Name of Firm/Company)
(Name of Firm/Company)
129 E main ST (Address)
(Address)
Dundee, FL 33838 — mail (City/State and Zip Code) (Address) mail P.O. BOX 538
(City/State and Zip Code)
For further information concerning this matter, please call:
Peter Rodriguez at (863) 439-3076 (Name of Person) (Area Code & Daytime Telephone Number)
(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

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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, Conne Parker (Name of Registered Agent)	
hereby resigns as Registered Agent for PNIC Inc. (Name of Corporation)	
P06000023447	
(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.	
Caustane h Parker = 30 8	
(Signature of Resigning Agent)	
If signing on behalf of an entity:	E
Peter Rodrigues (Typed de Printed Name)	ED 1: 02
(Typed or rimed Name)	?
President	

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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
Tailahassee, FL 32314

(Capacity)