## P94000019039

(Re	equestor's Name)	
(Ad	ldress)	<u></u>
(Ad	ldress)	
· (Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	ECT: NCM Capital, Inc.
	(Name of Corporation)
DOCU	JMENT NUMBER: P94000019039
The en	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Joel	R. Camhi
	(Name of Person)
Cam	hi Financial Services
	(Name of Firm/Company)
4700	Millenia Blvd., #175
	(Address)
Orlai	ndo, FL 32839
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
Pam	Camhi at ( 407 ) 803-3701

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION
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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION  Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Tursuant to the provisions of sections 607.0502(2), 077.0502(2), 007.1505, 01 017.1505,
Florida Statutes, the undersigned, Joel R. Camhi (Name of Registered Agent)
hereby resigns as Registered Agent for NCM Capital, Inc.
(Name of Corporation)
P94000019039
(Document Number, if known)
A consideration of the section of th
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.
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(Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
(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