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COVER LETTER

	ment Section n of Corporations	
SUBJECT: Co	onnie Investments, Inc.	
	(Name of Corporation)	
DOCUMENT	NUMBER: P96000016104	
The enclosed R	esignation of Registered Agent for a Corporation and fee are submitted for fil	ling.
Please return al	l correspondence concerning this matter to the following:	
Antonella Bra	ancato	
	(Name of Person)	
Connie Inves	stments, Inc.	
	(Name of Firm/Company)	
P.O. Box 480	034	
	(Address)	
Ft. Lauderda	le, FL 33348	
,	(City/State and Zip Code)	
For further info	rmation concerning this matter, please call:	
Antonella Bra	ncato at (954) 585-8715	
	(Name of Person) (Area Code & Daytime Telephone Number)	

or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

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RESIGNATION OF REGISTERED AGENT SECRETARY OF STATE TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,John A. Van Ness, Esq.
(Name of Registered Agent)
nereby resigns as Registered Agent for Connie Investments, Inc.
(Name of Corporation)
P96000016104
(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 his statement is filed.
(Signature of Resigning Agent)
f signing on behalf of an earity:
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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