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Withdrawa | TB SEP

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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: NORTH CENTRAL SERVICE INC		
(Name of Corporation)		
DOCUMENT NUMBER: F05000000684		
The enclosed withdrawal application and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
LORI SPRAY		
(Name of Person)		
NORTH CENTRAL SERVICE INC		
(Firm/Company)		
PO BOX 213		
(Address)		
CLEARBROOK, MN 56634		
(City/State and Zip code)		
For further information concerning this matter, please call:		
LORI SPRAY at (218) 776-3855		
(Name of Person) (Area Code & Daytime Telephone Number)		

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

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

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

NORTH CENTRAL SERVICE, INC.	ALLLA TI
(Name of Corporation)	
	A IT
F0500000684	79 5
(Document Number of Corporation (if	(known)
MINNESOTA	7 #*
(Incorporated Under Laws of)
This corporation is no longer transacting business or conducting aff voluntarily surrenders its authority to transact business or conduct aff. This corporation revokes the authority of its registered agent in F appoints the Department of State as its agent for service of process betime it was authorized to transact business or conduct affairs in Florid The following is a current mailing address for the corporation: PO BOX 213	fairs in Florida. Ilorida to accept service on its behalf and ased on a cause of action arising during the
(Mailing Address)	· · · · · · · · · · · · · · · · · · ·
CLEARBROOK, MN 56634 (City/ State /Zip)	
. , . , . , . , . , . , . , . , . , . ,	
The corporation agrees to notify the Department of State in the future	e of any change in its mailing address.
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	09/09/2010 (Date)
TROY TORGERSON	PRESIDENT
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35