F05000001587

(Requestor's Name)
(Address)
(Address)
,
(City/Chata Tity/Dhana 40
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800060749518

III, this instantion of the **AS. (2)





off. Lesegn.

C. Coulliste not 3 1:000

PLORIDA COMPLIANCE SPECIALISTS, INC. DAVE TAYLOR, PRESIDENT 2331 Hanson Place Tallahassee, Florida 32301 Voice: (850) 942-5464 Fax: (850) 942-5111 www.floridacompliance.com

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

	1. NORT	Keen -	THE C	DEPORA/IN	7	Fa5000001587	
	2.	•			onmoct)	π <i>π</i>)	
	<u> </u>	(Corporation	Name)		(Document #)		
	3	(Corporation Name)		(Document		,	
		(Corporation	(Name)	(Documen		m # <i>)</i>	
	Walk in	Pic	k up time	11-1-05	_ !	Certified Copy	
	Mail out	☐ Wil	l wait	Photocop	y l	Certificate of Status	
	NEW FILINGS		AMENI	DMENTS			
	Profit		Amendme	nt			
	NonProfit		Resignation	on of R.A., Officer/	irector	_	
	Limited Liability		Change of	Registered Agent			
	Domestication		Dissolutio	n/Withdrawal			
	Other		Merger				
£				यान प्रसं त्रपुराम्ब र्ग्य काराम् <u>यस्त्रीयसून</u> ्यू	.		
	OTHER FILIN	GS	REGI	STRATION/			
	Annual Report		Foreign				
	Fictitious Name	_	Limited Pa	ertnershin	1		
	Name Reservation		Reinstatem		1		
		<u> </u>	Trademark		-		

Other

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

L Donna Tassoni	, hereby resign as VCPT				
	,,	(Title)			
of_ Northern Title Corporation					
(Name	of Corporation)		'		
F05000001587 (Document Number, if known)	_, a corporation organized under the laws or	f the State of			
Rhode Island					
	- '				
	Symples of resigning officer/director)	95 OCT 31 SEGRETAR TALLAHASS	FIL		
F	ILING FEE IS \$35.00	SFE, FI OPPO	ED		

Make checks payable to Florida Department of State and mail to:

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