

FD9000001145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

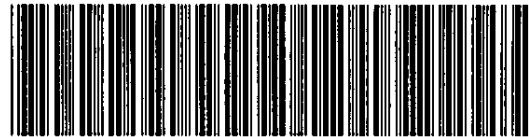
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
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2014

APPROVED
AND
FILED

C. LEWIS
MAR - 4 2014
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: North Point Group, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F09000001145

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this
matter to the following:

Lynne Seiffert, CPSR, AFSB

(Name of Person)

PointeNorth Insurance Group LLC

(Firm/Company)

P O Box 724728

(Address)

Atlanta, GA. 31139-1728

(City/State and Zip code)

For further information concerning this matter, please call:

Lynne Seiffert

at (770)

858-7553

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

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

STREET ADDRESS:

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

PointeNorth INSURANCE GROUP

Smarter Solutions for Insurance™

February 24, 2014

Florida Department of State
Amendment Section
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

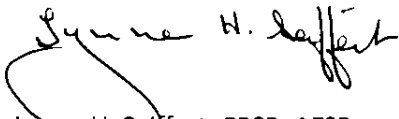
Re: North Point Group, Inc.

Ladies/Gentlemen:

Enclosed find application by foreign corporation for withdrawal of authority, along with our check #009865 in the amount of \$35.00.

We trust this is all the necessary information and thank you in advance for your attention to this matter.

Sincerely,



Lynne H. Seiffert, CPSR, AFSB
770-858-7553
Email: lseiffert@pointenorthins.com

/s
Enclosures

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

North Point Group, Inc.
(Name of Corporation)

F09000001145
(Document Number of Corporation (if known))

Georgia
(Incorporated Under Laws of)

14 MAR -3 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FL 32304

APPROVED
AND
FILED

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.


This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

P O Box 724728
(Mailing Address)

Atlanta, GA. 31139-1728
(City/ State /Zip)

The corporation agrees to notify the Department of State in the future 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)

2/19/2014
(Date)

William H. Skeeles
(Typed or printed name of person signing)

President/CEO
(Title of person signing)

FILING FEE \$35