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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone

: (855)498-5500

Fax Number

: (800)432-3622

DISSOLUTION OR WITHDRAWAL NORTHERN LITHO, INC.

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COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJE	Northern Litho, Inc.				
		(Na	ame of Corpor	ation)	
DOCU	MENT NUMBER: F170	000001252			
The en	closed withdrawal applic	cation and fee a	re submitted f	or filing	.
Please	return all correspondence	concerning this	matter to the	followir	ng:
	Andrea Pococke				
	<u> </u>	(N	ame of Person	.)	
	Northern Litho				
		(F	irm/Company))	
	9010 Strada Stell Court, Sui	te 103			
			(Address)		
	Naples, FL 34109				
		(City/S	State and Zip of	ode)	
For fur	ther information concerni	ng this matter, p	olease call:		
Andrea Pococke			at (²³⁹	260-36	Daytime Telephone Number)
	(Name of Person)		(Arca	Code &	Daytime Telephone Number)
Enclose	ed is a check for the amou	int:			
□ \$ 35	Filing Fee \$\sum \$43.75 Fil Certificate	of Status Co	\$43.75 Filing criffed Copy Additional cop 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 Adde Amendme Division of The Centr 2415 N. N. Tallahassi	ent Section of Corpore of Tal	orations lahassee Street, Suite 810

H22000089938

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

Northern Litho, Inc.	
(Name of Corporatio	n) 😝
	SE SE
F17000001252	AL S
(Document Number of Corporati	on (if known)
New York	ASSE
(Incorporated Under Laws of and date authorized to tran	isact business/conduct its affairs)
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conducting to the conducting transacting business or conducting to transacting business or conducting the conducting transacting business or conducting tr	
This corporation revokes the authority of its registered agent appoints the Department of State as its agent for service of proceed time it was authorized to transact business or conduct affairs in I	ess based on a cause of action arising during the
The following is a current mailing address for the corporation:	
9010 Strada Stell Court, Suite 103	
(Mailing Address)	
Naples, FL 34109	
(City/ State /Zip)	- -
The corporation agrees to notify the Department of State in the f	inture of any change in its mailing address.
Band . Cones	3/9/22
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Daniel J. Conley	CEO
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35