Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| To: | Division of Con- | |
|-------|-------------------|--|
| | Division of Corp | |
| | Fax Number | (850)617-6380 |
| From: | | |
| | Account Name | : RASI |
| | Account Number | 120220000023 |
| | Phone | (800)221-2972 |
| | Fax Number | (917)243-5843 |
| | | |
| Enter | the email address | for this business entity to be used for future |
| | | gs. Enter only one email address please.** |

REGISTERED AGENT RESIGNATION NORTH STREET CREATIVE, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$87.50 |

2023 DY 4: 4.9

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COVER LETTER

| NORTH STREET CREATIVE, INC. SUBJECT: | |
|--|-------------------------------|
| (Name of Corporation) | |
| DOCUMENT NUMBER: F21000002866 | |
| The enclosed Resignation of Registered Agent for a Corporation and | fee are submitted for filing. |
| Please return all correspondence concerning this matter to the follow: | ing: |
| TRACEE COTTON | |
| (Name of Person) | · · |
| BLUMBERGEXCELSIOR CORPORATE SERVICES, INC. | • |
| (Name of Firm/Company) | |
| 100 WALL STREET, SUITE 1401 | • |
| (Address) | |
| NEW YORK, NY 10005 | (2) — |
| (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| TRACEE COTTON 888 989-9589 | |

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

To:

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| rursuant to me | provisions of section | is 607.0503(2), 617.0502(2), 607.1509, or | 017.1207. |
|------------------------------------|-----------------------|---|---------------------------------------|
| Florida Statutes, the undersigned, | | BLUMBERGEXCELSIOR CORPORATE SERVI | CES, INC. |
| | | (Name of Registered Agent) | |
| hereby resigns as Registered Agen | | NORTH STREET CREATIVE, INC. | |
| norwy romein c | | | |
| F21000002866 | | | |
| (Documer | nt Number, if known) | | |
| A copy of this re | esignation was maile | ed to the above listed corporation at its las | t known address. |
| The agency is to | erminated and the off | fice discontinued on the 31st day after the | date on which |
| | | | |
| | | Laure Delan | ~``` `` |
| | | (Signature of Resigning Agent) | ~;· |
| this statement is | | Laure Delan | |
| this statement is | filed. | Laure Delan | |
| this statement is | filed. | Laure Delan | |
| this statement is | balf of an entity: | Laure Delan | |
| this statement is | balf of an entity: | (Signature of Resigning Agent) | · · · · · · · · · · · · · · · · · · · |
| this statement is | balf of an entity: | (Signature of Resigning Agent) (Typed or Printed Name) | |

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