Requester's Name

Address

City State Lip

Phoste #

Office Use Only

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

I.	
(Corporation Name)	(Document #)
2	8000044250688 -06/18/0101105016
(Corporation Name)	(Document #) ***********************************
3	
(Corporation Name)	(Document #)
4	AND
(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time _	Certified Coby ?
Mail out Will wait	Photocopy
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION/
Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other
CR2E031(7/97)	Examiner's Initials

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, C T CORPORATION SYSTEM (Name of registered agent)
hereby resigns as Registered Agent for NORTH STAR TELECOMM SERVICES, INC. (CA. DOM.) (Name of corporation)
A copy of this resignation was mailed to the above listed corporation at its last known address. 12410 SE 32nd Street Ste. 100 Bellevue, WA 98005-5171 Attn: Kris L. Hill The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
tms statement is med.
If signing on behalf of an entity:
C T CORPORATION SYSTEM (Typed or Printed Name)
ASSISTANT SECRETARY (Capacity)

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314