Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

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Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: INCORP SERVICES INC

Account Number: I20120000007

: (702)866-2500

Fax Number

: (702)866-2689

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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WENDY. HEFILTO INCORP. COM

REGISTERED AGENT RESIGNATION NORTHSTAR FIRE PROTECTION, INC.

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TO:

Amendment Section

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COVER LETTER

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SUBJECT:	(Name of Corporation)
DOCUMENT NUMBER:	F99000003324
The enclosed Resignation of Regis	tered Agent for a Corporation and fee are submitted for filing
Please return all correspondence co	oncerning this matter to the following:
Wendy He	fley
(Name of Per	son)
Incorp Service	es, Inc.
(Name of Firm/C	ompany)
2360 Corporate Circ	ele, Suite 400
(Address)	,
Henderson, N\	/ 89074
(City/State and Zi	ip Code)
For further information concerning	this matter, please call:
Wendy Hefley for Incorp Servi	ces, Inc. 702 866-2500 ext. 6601
(Name of Person)	(Area Code & Daytime Telephone Number)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Incorp Services, Inc.
(Name of Registered Agent)
hereby resigns as Registered Agent for NORTHSTAR FIRE PROTECTION, INC.
(Name of Corporation)
F9900003324
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. InCorp Services (Inc. (Signature of Resigning Agent)
If signing on behalf of an entity:
Wendy Hefley
(Typed or Printed Name)
Authorized Representative
(Capacity)

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