LO4000079746

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
openia medacana is i imig
,

Office Use Only



300060803183

05 00 [2] PM 1: 10

Note of Mills

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NORTH TRUST ADVISORY SERVICES, LLC (Name of Limited Liability Company)	
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
TACK CHUA (Name of Person) 3 TEMASEK BLVD., # 01-023/025 SUNTEC CITY MALL (Address)	
SING APORE 038983 SINGAPORE (City/State and Zip Code)	_
For further information concerning this matter, please call:	1
(City/State and Zip Code) For further information concerning this matter, please call: TACK CHUA (Name of Person) (Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:	
S25 Filing Fee \$\times \text{Certified Copy}	

CR2E079 (8/05)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, MICHAEL G. BROWN hereby resign as MANAGER
(Title)
of NORTH TRUST ADVISORY SERVICES, LLC (Limited Liability Company)
a limited liability company organized under the laws of the State of FLORIDA
and affirm that the limited liability company has been notified in writing of the resignation.

(Signature of resigning manager, managing member or member)

FILING FEE IS \$25.00

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