

L060000035708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

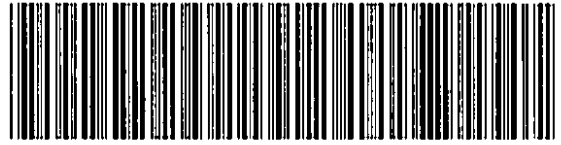
(Business Entity Name)

(Document Number)

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2019 JUL 25 PM 4:59
SECRETARY OF STATE
TALLAHASSEE, FL

JUL 30 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Northpoint Technology Group, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L06000085708

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian Killian

Name of Person

Northpoint Technology Group, LLC

Name of Firm/Company

705 Douglas Ave

Address

Altamonte Springs, FL 32714

City/State and Zip Code

bkillian@teamnorthpoint.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Killian

Name of Person

at (407) 657-6600

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Michael Rouse

Name of Registered Agent

, hereby resigns as

Registered Agent for Northpoint Technology Group, LLC

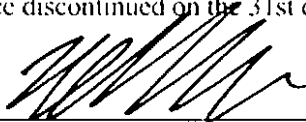
Name of Limited Liability Company

L06000085708

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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.



Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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

SECRETARY OF STATE
TALLAHASSEE, FL

2019 JUL 25 PM 4:44

FILED