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(((H220000809053)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007
Phone : (702)866-2500
Fax Number : (702)900-2290

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

Email Address: documents@incorp.com

LLC REGISTERED AGENT RESIGNATION NORTHERN QUALITY, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

2022 MAR -4 PM 2:5

APPROVEO AND FILED

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NORTHERN QU	ALITY, LLC
	Name of Limited Liability Company
DOCUMENT NUMBER:	L16000150606
for filing.	istered Agent for a Limited Liability Company and fee are submitted
Please return all correspondence	concerning this matter to the following:
Wendy Hefley	
Name of Pe	erson
Incorp Services, Inc.	
Name of Firm/C	Company
3773 Howard Hughes Parkw	ay, Suite 500S
Address	3
Las Vegas, NV 89169-6014	
City/State and 2	Zip Code
processing@incorp.com	
E-mail address: (to be used for fut	ure annual report notification)
For further information concernir	ng this matter, please call:
Incorp Services, Inc./Wendy F	Hefley at (702) 866-2500 ext 6904 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check made payable liability company or \$25.00 for an liability company.	e to the Florida Department of State for \$85.00 for an active limited nadministratively dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREET ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building
1 analiassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115, Florida Statutes	, the undersigned,
Incorp Services,	Inc.	, hereby resigns as
	Name of Registered Agent	
Registered Agent for	NORTHERN QUALITY, LLC	
	Name of Limited Liability Compa	лу ,
L160001506	06	
Document	Number, if known	
A copy of this resigna	tion was mailed to the above listed limite	d liability company at its last known address.
- ·	Signature of Resign	st day after the date on which this statement is filed.
If signing on behalf of		- 2
	Wendy Hefley for Incorp Service	
Typed or Printed Name		
Authorized Representative		
	Capacity FILING FEES: \$ \$5.00 Active limited \$ 25.00 Administrative withdrawn lim	liability company ly dissolved/vited liability company

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