M49929

(Requestor's Name)		
(Address)		
(Address)		
(
(City/Chata/Zin/Dhaya 40)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
•		
(Business Entity Name)		
(Business Entity Name)		
(Document Number)		
•		
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Special instructions to Filing Officer.		
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resignation to RA

08/20/07--01043--013 **87.50

2007 AUG 20 PM 4: 14
SECRETARY OF STATE

ALR 8 /2/01

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	ECT: Northern Services Corp	
	(Name of Corp	oration)
DOCU	JMENT NUMBER: M49929	
The en	closed Resignation of Registered Agent for a Cor	poration and fee are submitted for filing.
Please	return all correspondence concerning this matter	to the following:
Paul	o A. Ribenboim	
	(Name of Person)	
North	nern Services Corp.	
	(Name of Firm/Company)	
570 l	Ridgewood Rd.	
	(Address)	
Key l	Biscayne, FL 33149	
	(City/State and Zip Code)	
For fur	ther information concerning this matter, please ca	11:
Paulo	A. Ribenboim at (305) 458-5585
		ode & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 AGENTAGES PAY 4: 14 FOR A CORPORATION

100/C
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Myriam da Costa Ribenboim
(Name of Registered Agent)
nereby resigns as Registered Agent for Northern Services Corp.
(Name of Corporation)
M49929
(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 his statement is filed.
Ma Cott 1.3eeo. (Signature of Resigning Agent)
(Signature of Resigning Agent)
If signing on behalf of an entity:
Myriam da Costa Ribenboim
(Typed or Printed Name)
Registered Agent ,Director
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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