# N45112

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### NORTHAMPTON MASTER ASSOCIATION, INC.

% KRM Management, Inc. 431 Waverly Road Tallahassee, Florida 32312-2856 (850)531-0627 (FAX)531-0628

Dan@KRMTAL.com

June 30, 2004

Department of State
Division of Corporations
P.O. 6327
Tallahassee, Florida 32314

Re: Northampton Master Association

Dear Sir:

Attached are the appropriate forms and a check for \$87.50 for my resignation as the registered agent for the Northampton Master Association. If anything else needs to be done, please let me know.

Sincerely

Dan Lee Isaacs

#### TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Northampton Mester Association Inc. (Name of Corporation)
DOCUMENT NUMBER: N45/12
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dan Lee Istocs (Name of Person)
(Name of Firth/Company)
(Name of Firth/Company)  431 Waxlef by Road  (Address)
Tallahassee FL 32312 (City/State and Zip Code)
For further information concerning this matter, please call:
Dan Lee Isaacs at (PTO) 131 0627 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections out.	.0302(2), 617.0302(2),	007.1309, or	617.1509,
Florida Statutes, the undersigned,	On Lee Tsace	stered Agent)	·
hereby resigns as Registered Agent for	Northampton (Name of C	Moster	Association, Inc.
N45112		•	
(Document Number, if known)			
A copy of this resignation was mailed to the	ne above listed corpora	tion at its las	t known address.
The agency is terminated and the office disthis statement is filed.  (Signa	scontinued on the 31st	day after the	date on which
If signing on behalf of an entity:		_	ABY OF S
(Туг	oed or Printed Name)		2: 50 FLORIII
	(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withdrawn corporation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