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SECRETARY OF STATE

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COVER LETTER

Division of Corporations SUBJECT: Northern Capital, Inc (Name of Corporation) P00000105275 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Wayne Fletcher (Name of Person) (Name of Firm/Company) 1163 Peregrine Way (Address) Weston, FL 33327 (City/State and Zip Code) For further information concerning this matter, please call: Wayne Fletcher (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. **Street Address: Mailing Address:** Amendment Section Amendment Section Division of Corporations Division of Corporations

Post Office Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Wayne Fletcher	, hereby resign as Officer/Vice-President
**	(Title)
of Northern Capital, Inc	
(Name of C	orporation)
P0000105275 , a (Document Number, if known)	corporation organized under the laws of the State of
Florida	
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1.00	me thele

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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SECRETARY OF STATE
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