## P00000105275

| (Ře                     | equestor's Name)   | <u> </u>        |
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| (Cit                    | ty/State/Zip/Phone | <del>)</del> #) |
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| PICK-UP                 | WAIT               | MAIL            |
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| (Bu                     | isiness Entity Nam | ne)             |
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| (Do                     | ocument Number)    |                 |
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| Certified Copies        | _ Certificates     | of Status       |
|                         |                    |                 |
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| Special Instructions to | Filing Officer:    |                 |
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SECRETARY OF STATE
ANASSEE FLORING





## **COVER LETTER**

| TO:                            | Amendment Section Division of Corporations   |  |  |  |
|--------------------------------|--|--|--|--|
| SUB                            | JECT: Northern Capital, Inc  |  |  |  |
|                                | (Name of Corporation)  |  |  |  |
| DOC                            | DOCUMENT NUMBER: P00000105275  |  |  |  |
| The e                          | enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing   |  |  |  |
| Pleas                          | e return all correspondence concerning this matter to the following:   |  |  |  |
| Wa                             | yne Fletcher   |  |  |  |
|                                | (Name of Person)   |  |  |  |
|                                |  |  |  |  |
|                                | (Name of Firm/Company)   |  |  |  |
| 116                            | 3 Peregrine Way  |  |  |  |
|                                | (Address)  |  |  |  |
| We                             | ston, FL 33327   |  |  |  |
|                                | (City/State and Zip Code)  |  |  |  |
| For f                          | urther information concerning this matter, please call:  |  |  |  |
| Way                            | (Name of Person) at ( 954 ) 732-6393 (Area Code & Daytime Telephone Number)  |  |  |  |
|                                | (Name of Person) (Area Code & Daytime Telephone Number)  |  |  |  |
| Encl                           | osed is a check for \$35.00 made payable to the Florida Department of State.   |  |  |  |
| Ame<br>Divis<br>Clifto<br>2661 | Mailing Address: Amendment Section Amendment Section Division of Corporations On Building Executive Center Circle hassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 |  |  |  |

. ...>

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I. Wayne Fletcher                       | , hereby resign as Director                              |  |
|---|--|--|
| 7                                       | (Title)  |  |
| of Northern Capital, Inc                |  |  |
| (Nam                                    | e of Corporation)  |  |
| P0000105275 (Document Number, if known) | , a corporation organized under the laws of the State of |  |
| Florida                                 | ·  |  |
|   |  |  |
| h                                       | an Italia  |  |
|   | (Signature of resigning officer/director)                |  |

FILING FEE IS \$35.00

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

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