## P02000042055

— MEDINA 1030 NW 146 St — Miami, R 33168

CR2E031(7/97)

200005856442--6 -06/19/02--01025--003 \*\*\*\*122.50 \*\*\*\*\*\*87.50

Office Use Only

**Examiner's Initials** 

<b>CORPORATION NAME(S)</b>	& DOCUMENT NUMBER(S),	(if known):
----------------------------	-----------------------	-------------

1.	
(Corporation Name)	(Document #)
2(Corporation Name)	(Document #)
(Corporation Name)	(Document #)  (Document #)  (Document #)
4. (Corporation Name)  Walk in Pick up time  Mail out Will wait	(Document #)  Certified Copy  Photocopy  Certificate of Status
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS  Annual Report Fictitious Name	REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other

## RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1	509,
Florida Statutes, the undersigned, <u>Tve++e Wedina</u> (Name of registered agent)	
hereby resigns as Registered Agent for Northern Associates Li (Name of corporation)	mited, INC
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 this statement is filed.	which
Fall Melena	02 JUI SECRE
(Signature of esigning agent)	N21 TAR ASS
If signing on behalf of an entity:	Y AR I
	STATE OF
(Typed or Printed Name)	<b>₹</b> □ •
•	
(Capacity)	

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

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