90 Require 100 42055

City/State/Zip

CR2E031(7/97)

Phone #

900005856479--1 -06/19/02--01025--003 *****122.50 ******35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

(Corporation Name)	(Document #)	· · · · · · · · · · · · · · · · · · ·
Corporation Name)	(Document #)	02 JUN 21 SECRETAR
3(Corporation Name)	(Document #)	m-<
4. (Corporation Name)	(Document #)	F. F. SAILE
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Photocopy	☐ Certified Copy ☐ Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	AMENDMENTS Amendment Resignation of R.A Change of Register Dissolution/Withda Merger REGISTRATION/QU Foreign Limited Partnershi	red Agent rawal [ALIFICATION]
	Reinstatement Trademark Other	Examiner's Initials

OFFICER / DIRECTOR RESIGNATION

I, Ivette Medina, hereby resign as Vice-Presid	dent, S	ecret
of Northern Associates LimitED, Inc. (Name of Corporation)		_,
a corporation organized under the laws of the State of		
and affirm that the corporation has been notified in writing of the resignation. (Signature of resigning officer/director)	OZ JUN 21 AM 10: 54 SECRETARY OF STATE MALLAHASSEE, FLORID	

FILING FEE IS \$35.00

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