## P02000043336

(Requestor's Name)		
(itequestoi s iname)		
(Address)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
C C C C C C C C C C C C C C C C C C C		

Office Use Only



700043721277

01/03/05--01034--008 \*\*35.00

JEUNETAKY OF STATE ALLAMASSEE, FLORIS,

## TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUB	SJECT: Norse Consultants, Inc.
	(Name of Corporation)
DOG	CUMENT NUMBER:
The	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	se return all correspondence concerning this matter to the following:
Rol	f P. Hartwig
	(Name of Person)
Noi	rse Consultants
	(Name of Firm/Company)
315	3 Canal Place
	(Address)
Lar	nd 'O Lakes, FL 34639
	(City/State and Zip Code)
For f	further information concerning this matter, please call:
Chri	(Name of Person) at (813 ) 276-2732 or 961-9572 (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 Divis P.O.	ing Address: ndment Section Sion of Corporations Box 6327 bassee FL 32314  Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Christina M. Swanson	, hereby resign as <u>Jurector</u> (Title)
ofNorse Consultants, Inc.	,
(Name of Cor	poration)
(Document Number, if known), a c	orporation organized under the laws of the State of
Florida	
Christina 7.	7. Swamen  The of resigning officer/director)  The 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