

PD4000165637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

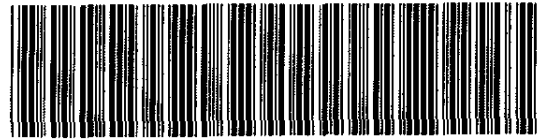
(Business Entity Name)

(Document Number)

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10 APR 16 AM 10:42
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Northern Capital Insurance Company
(Name of Corporation)

DOCUMENT NUMBER: P04000165637

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria DiGiorgio

(Name of Person)

(Name of Firm/Company)

1798 SW 19th ST

(Address)

Miami, FL 33145

(City/State and Zip Code)

For further information concerning this matter, please call:

Maria DiGiorgio

(Name of Person)

at (786) 208-4055

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

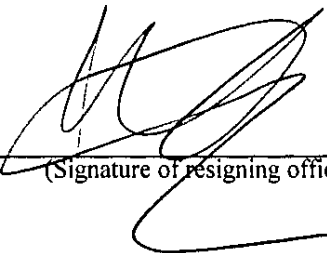
FILED
10 APR 16 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Maria DiGiorgio, hereby resign as Director
(Title)

of Northern Capital Insurance Company,
(Name of Corporation)

P04000165637, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.


(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