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Office Use Only



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TRANSMITTAL LETTER

Division of Corporations

SUBJECT: Nor th Central Florida Advertser, Inc.

(Name of Corporation)

DOCUMENT NUMBER: POS 0000 145 34 6

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

Please return all correspondence concerning this matter to the following:

North Contral Florida Advertisar Inc.

(Name of Firm/Company)

Advertisar Inc.

(Name of Firm/Company)

Lake City Fl 3 2055

(City/Stale and Zip/Code)

For further information concerning this matter, please call:

Name of Person)

(Name of Person)

(Area Code & Daytime Telephone Number)

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

Malling Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section

Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E044 (05/13)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Coporation organized under the laws of the State of

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