

(Red	questor's Name)	
(Ade	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP		MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to f	Filing Officer:	
	Office Use On	lv





04/16/18--01035--013





## COVER LETTER

TO: Amendment Section Division of Corporations

NORMA NORTH AMERICA, INC. SUBJECT:

(Name of Corporation)

DOCUMENT NUMBER: P06000061770

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following: David Browder Jr.

(Name of Person)

Law office of David Browder Jr. (Name of Firm Company)

305 S. Duncan Ave. (Address)

Clearwater, FL 33755 (City/State and Zip Code)

For further information concerning this matter, please call:

 David Browder Jr.
 at (727) 403-0986

 (Name of Person)
 (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

CR28046-(04/12)



14



Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509.

Florida Statutes, the undersigned, <u>DAVID\_BROWDER\_JR</u>. (Name of Registered Agent)

hereby resigns as Registered Agent for <u>NORMA\_NORTH\_AMERICA, INC.</u> (Name of Corporation)

P06000061770

.. -

(Document Number, if known)

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 which this statement is filed.

(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

## Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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

