

PO6000085488

(Requestor's Name)

(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:

Office Use Only



400274275964

resignation  
of officer

400274275964  
07/20/15--01032--001 \*\*70.00

FILED  
JUL 20 PM 3 58  
STATE OF FLORIDA  
TALLAHASSEE

JUL 21 2015  
A RAMSEY

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** North Cape Pkg Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000085488

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

Please return all correspondence concerning this matter to the following:

Christina LaGrasta  
(Name of Person)

Support Center  
(Name of Firm/Company)

27499 Riverview Center Blvd #130  
(Address)

Bonita Springs, FL 34134  
(City/State and Zip Code)

For further information concerning this matter, please call:

Wendy Luckey at (239) 821-1727  
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED

2015 JUL 20 PM 3:58

I, Wendy Luckey, hereby resign as Secretary  
(Title)

of North Cape Page, Inc.  
(Name of Corporation)

PO160000685488, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Wendy Luckey  
(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