## P07000112434

(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT. Northern Capita	al Select Insurance Company
Sebs Le I .	(Name of Corporation)
DOCUMENT NUMBER:	P07000112434
The enclosed Officer/Director	Resignation for a Corporation and fee are submitted for filing
Please return all corresponden	ce concerning this matter to the following:
Heidi Laub	
(Name o	of Person)
Fox Morgan	
(Name of Fi	rm/Company)
7200 Corporate Center Dr	ive - 510
(Add	dress)
Miami, Florida 33126	
(City/State a	and Zip Code)
For further information concer	rning this matter, please call:
Heidi Laub	at (305) 749-8246  (Area Code & Daytime Telephone Number)
(Name of Perso	n) (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 ALLAHASSE OF STANDOR

## FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314