## P13000030895

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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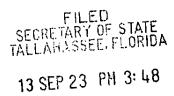
SEP 3 0 2013 T. CARTER

## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: NORTHERN CAPITAL MANAGEMENT GROUP INC
(Name of Corporation)
<b>DOCUMENT NUMBER:</b> P13000030895
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Alexander Anthony
(Name of Person)
(Name of Firm/Company)
P.O Box 52-3498
(Address)
Miami, FL 33152
(City/State and Zip Code)
For further information concerning this matter, please call:
Alexander Anthony (Name of Person)  at (305) 407-7510 (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 409 E. Gaines Street Tallahassee, FL 32399

TO: Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



, Alexander Anthony	, hereby resign	<sub>as</sub> VP	
			(Title)
of NORTHERN CAPIT	AL MANAGEN	IENT (	SROUP INC
(Name o	of Corporation)		
P13000030895	_, a corporation organized	under the la	ws of the State of
(Document Number, if known)			
FLORIDA	_•		
( Van	Red		
<del></del>	gnature of resigning officer/di	rector)	

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