

P24000047094

(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



000438747590

10/30/24--01016--008 **US.0.

SECREPANY OF STATE TALLAHASSEE, FL

FILED

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: NOITH TOP NOTCH (Name of Corporation)
DOCUMENT NUMBER: 724000047094
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tueth Alvery (Name of Person)
North Top Not-ch (Name of Firm/Company)
3706 Sw 52nd Ale Apt 102
Pembroke Pack FL 33023 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (305) 240 8743 (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** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Tueth Alwear	, hereby resign as	Vice	Prosident (Title)	
of NOrth	TOP NO+Ch			- '
P24(00047094 (Document Number, if known)	, a corporation organized unc	ier the laws o	of the State of	
Florida				
	Commen			
	(Signature of resigning officer/direct	or)	2024 NOV 30 SECNCIAN TALLAHI	T
			AR SSE Y OF	
	FILING FEE IS \$35.00		8: 17 STATE E. FL	

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

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