## P9900028887

Requestor's Name

CRAIG T. WRFIE 3907 N FEDERAL HWY #210 POMP and Black Fl 33064

100002875561--E -05/14/99--01067--017 \*\*\*\*\*87.50 \*\*\*\*\*\*87.50

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

	1.	(Corpo	ration Name)	(Doc	ument #)		
	2	(Corpo	ration Name)	(Doc	rument #)		<del></del>
	3	(Corpo	ration Name)	(Doc	eument #)		
	4	(Corpo	ration Name)	(Doc	rument #)		
	☐ Walk in ☐ Mail out		Pick up time Will wait	Photocopy	Certified Copy	1 12 1	
414. 475.	NEW FILINGS		AMEN	DMENTS	or de place of the second of t	PM I2: 5 OF STATE E. FLORIE	
	Profit		Amendme	ent		喜喜 <b>5</b>	
	NonProfit		Resignation	on of R.A., Officer/Direct	ог	>	
	Limited Liability		Change of	Registered Agent			
	Domestication		Dissolutio	n/Withdrawal			

OTHER FILINGS	
Annual Report	
Fictitious Name	
Name Reservation	

Other

REGISTRATION/ QUALIFICATION	
Foreign	
Limited Partnership	
Reinstatement	(
Trademark	
Other	

Merger

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Examiner's Initials

## RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, CRAIG T CURRIE
(Name of registered agent)
hereby resigns as Registered Agent for THE NORTH ROCK GROUP INC
(Name of corporation)
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.
If signing on behalf of an entity:  NA  (Typed or Printed Name)
N/A- (Canacity)

## Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

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