

S12461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

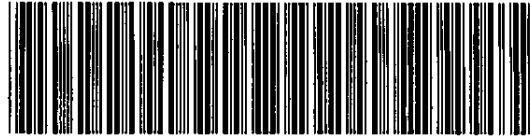
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500267471835

01/12/15--01036--005 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JAN 12 PM 1:00

CL
1-14-15

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Northside Engineering Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: S12461

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

Please return all correspondence concerning this matter to the following:

Patricia Montecki

(Name of Person)

(Name of Firm/Company)

5032 Chancellor St NE

(Address)

St. Petersburg, FL 33703

(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia Montecki

(Name of Person)

at (**727**) **235-1650**

(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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JAN 12 PM 1:00

I, Patricia Montecki, hereby resign as Treasurer
(Title)

of Northside Engineering Services, Inc.
(Name of Corporation)

S12461, a corporation organized under the laws of the State of
(Document Number, if known)

Florida. I HAVE NEVER HAD ANY
CORPORATE RESPONSIBILITY FOR THIS COMPANY.
I WAS APPOINTED AS AN OFFICER WITHOUT MY
KNOWLEDGE


(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