

F03000005770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

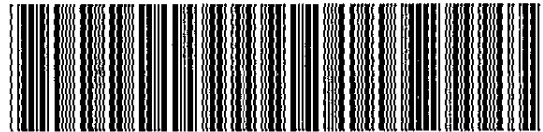
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500061815365

12/09/05--01001--008 **87.50

FILED
05 DEC -8 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
05 DEC -8 PM 3:57
DEPARTMENT OF CORPORATIONS
TALLAHASSEE, FLORIDA

R.A. Resign.

G. Goulette DEC 09 2005

Incorporating Services, Ltd. - Melissa A. Murry

Requester's Name

2855 Apalachee Pkwy., Bldg. A, Suite 16

Address

Tallahassee, FL 32301 656-7956

City/State/Zip

Phone #

Office Use Only

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

1. DIVIDEND FUNDING CORP. - F03000005770

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

Walk in

Pick up time

12/09

Certified Copy

Mail out

Will wait

Photocopy

Certificate of Status

NEW FILINGS

Profit

Not for Profit

Limited Liability

Domestication

Other

AMENDMENTS

Amendment

Resignation of R.A., Officer/Director

Change of Registered Agent

Dissolution/Withdrawal

Merger

OTHER FILINGS

Annual Report

Fictitious Name

REGISTRATION/QUALIFICATION

Foreign

Limited Partnership

Reinstatement

Trademark

Other

Examiner's Initials

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED
05 DEC -8 PM 4: 03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509

Florida Statutes, the undersigned, INCORPORATING SERVICES, LTD.
(Name of Registered Agent)

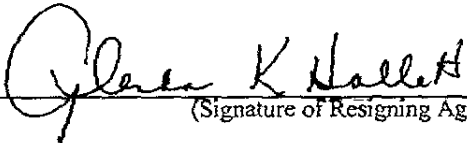
hereby resigns as Registered Agent for DIVIDEND FUNDING CORP.
(Name of Corporation)

F03000005770

(Document Number, if known)

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.


(Signature of Resigning Agent)

If signing on behalf of an entity:

GLEND K. HALLETT

(Typed or Printed Name)

ASSISTANT SECRETARY

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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