# 104000054119

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone#	)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name	)
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
		2
		741
	Office Use Only	JOHN



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SECRETARY OF STATE

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### COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: FUNDING CHANNEL, LLC

(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DONNA S. MANSFIELD

(Name of Person)

MANSFIELD MORTGAGE

(Firm/Company)

4445 WALDO ROAD

(Address)

CAVE JUNCTION OR 97523

(City/State and Zip Code)

For further information concerning this matter, please call:

Donna Mansfield

at (541 ) 59

(Name of Person)

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

CR2E079 (8/05)





# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

# RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, MANSFIELD MORTGAGE , hereby resign as MANAGER/MEMBE	RS &
(Title)	
of FUNDING CHANNEL, LLC	語って
(Limited Liability Company)	部。 2
a limited liability company organized under the laws of the State of FLORIDA	2: 13 F. STAT
and affirm that the limited liability company has been notified in writing of the resignation.	Dr.
(Signature of resigning manager, managing member or member)	

## FILING FEE IS \$25.00

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