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TO:

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TO:	Registration Section	2007
10.	Division of Corporations	SECRETARY OF STATE
	Division of corporations	SECRETARY OF STATE TALLAHASSEE, FLORIDA
SUBJ	ECT: FINDING CHANNEL, IL	
	(Name of Limi	ted Liability Company)
Dear S	Sir or Madam:	
The e	nclosed Resignation of Member, Managing	Member or Manager and fee(s) are submitted for filing.
Please	e return all correspondence concerning this t	natter to the following:
	ANTHONY BRYANT	······································
	(Name of Person)	
	FUNDING CHANNEL, LLC	
	(Firm/Company)	
	470.01.7	
	4479 Oak Terrace Drive	
	(Address)	
	Greenacres, FL 33463	
	(City/State and Zip Code)	
For fu	rther information concerning this matter, pl	ease call:
ز	Anthony Bryant	at (561) 966-7633
	(Name of Person)	(Area Code & Daytime Telephone Number)
STRE	EET/COURIER ADDRESS:	MAILING ADDRESS:
	tration Section	Registration Section
_	on of Corporations	Division of Corporations
Clifton	n Building	P.O. Box 6327
	Executive Center Circle lassee, Florida 32301	Tallahassee, Florida 32314
Enclo	sed is a check for the following amount:	
	\$25 Filing Fee	☐\$55 Filing Fee &
ር ያንድሉ	79 (8/05)	Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I.	CARL WELLIVER	, hereby resign as _	COO	(Chief	Operation	s Officer
-> _ _				Title)		ver e. ·
of	FUNDING CHANNEL, LLC				,	
~	(Lir	nited Liability Company)	*	, "	-	, i ga rus <u>aan</u> een oo
	mited liability company organized un					<u></u> -
and	affirm that the limited liability comp	any has been notified in writing	g of the	resignation	1.	
	Cala	Willia.				- · • •
	(Signature of resigning	manager, managing member or	membe	r)	,	

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