

1702000000377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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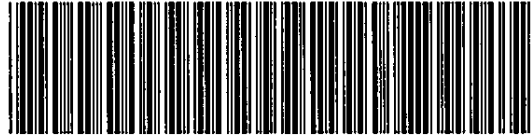
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SEP 22 2015

S MASON

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**


Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,  
**CORPORATION SERVICE COMPANY**, hereby resigns as  
Name of Registered Agent

Registered Agent for **NEWTEK SECURITIES, LLC**  
Name of Limited Liability Company

**M02000000377**  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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:

**ROBIN MOLT**  
Typed or Printed Name  
**Asst Secretary**  
Capacity

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TALLAHASSEE, FLORIDA

**FILING FEES:**  
\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

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