L12000145991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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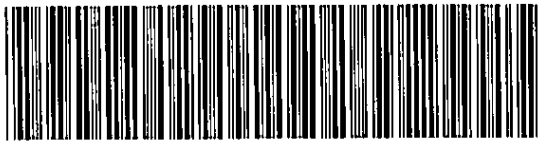

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MAY 04 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASTOR EB5 FUNDING, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L12000145991

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID J. HART
Name of Person

Name of Firm/Company

14 NE 1 AVE #1400
Address

MIAMI FL 33132
City/State and Zip Code

dhart@immigrateusa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David J. Hart at (305) 577 9977
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for ~~$85.00~~ for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

David J. Hart
_____, hereby resigns as
Name of Registered Agent

Registered Agent for ASTOR EB5 FUNDING, LLC
_____.
Name of Limited Liability Company

L12000145991
_____
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:

N/A
_____
Typed or Printed Name

N/A
_____
Capacity

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