

U12000145991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

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(Business Entity Name)

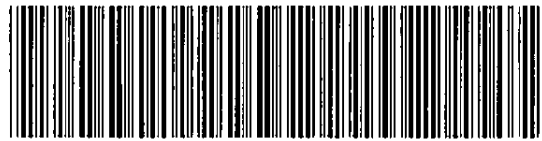
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SECRETARY OF STATE  
TALLAHASSEE, FL 32399-0001

2024 APR -3 AM 10:52

FILED

## 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:

Giacomo Bossa  
Name of Person  
c/o Barakat + Bossa PLLC  
Name of Firm/Company  
2701 Ponce de Leon Boulevard Suite 202  
Address  
Coral Gables, FL 33134  
City/State and Zip Code  
corporate@b2b.legal  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Giacomo Bossa at ( 305 ) 444 3114  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

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

TERRENCE AYALA, PL \_\_\_\_\_, 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.

Terrence Ayala PL  
Signature of Resigning Agent

If signing on behalf of an entity:

Terrence Ayala PL  
Typed or Printed Name

Member-Manager  
Capacity

SECRET  
TALLAHASSEE, FLORIDA

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**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**

INHS17 (2/14)