FU3UUUUUUU489

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	ısiness Entity Nar	ne)	
(Document Number)			
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SECRETARY OF STATE
DIVISION OF TOP OR AMOUNT

RARCO



January 22, 2015

RE: AFFILIATE LENDING CORPORATION
AGGREGATE TECHNOLOGIES, INC.

(DE. DOM.) (FL. DOM.)

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporation. Also enclosed is 1 check in the amount of \$70.00 to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self-addressed envelope.

Very truly yours,

NRAI SERVICES, INC.

Thoresa Allieri

Theresa Alfieri Senior Supervisor & Assistant Secretary (212)894-8516

TA/hm Enclosure

National Registered Agents, Inc.

111 Eighth Avenue 13th Floor New York, NY 10011

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	07.0502(2), 617.0502(2), 607.1509, or 617.1509,		
Florida Statutes, the undersigned,	tutes, the undersigned, NRAI SERVICES, INC.		
	(Name of Registered Agent)		
hereby resigns as Registered Agent for	AFFILIATE LENDING CORPORATION (DE. DOM.)		
nereby resigns as Registered Agent for	(Name of Corporation)		
F03000000489			
(Document Number, if known)	_		
A copy of this resignation was mailed to	the above listed corporation at its last known address.		
The agency is terminated and the office of this statement is filed.	discontinued on the 31st day after the date on which		
The	all		
(Sign	nature of Resigning Agent)		
If signing on behalf of an entity:			
		201	S
NRAI SERVI	CES, INC THERESA ALFIERI	3 5	2 6
(T	yped or Printed Name)	833	- 조금 - 역당기
		ţ	377
ASS	ISTANT SECRETARY	垩	- 温 乳 ワ - 品の
	(Capacity)	=	
			2'''

Fee for filing this document:

\$87.50 - Active corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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