Electronic Filing Cover Sheet

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(((H090000512063)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

from:

Account Name : INCORPORATING SERVICES FL

Account Number: I20050000052

: (302)531-0855

Fax Number

: (850)656-7953

REGISTERED AGENT RESIGNATION

DIVIDEND FUNDING CORP.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Corporate Filing Menu

3/4/200Q

Electronic Filing Menu

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COVER LETTER

SUBJECT: DIVIDEND FUNDIN	NG CORP.	_
	(Name of Corporation)	•
DOCUMENT NUMBER: F03	000005770	_
The enclosed Resignation of Regi	stered Agent for a Corporation and fee are submitted for	r filing.
Please return all correspondence c	oncerning this matter to the following:	
TUNISHA SCOTT		
(Name of Pe	rson)	
INCORPORATING SERVICE	S, LTD.	
(Name of Firm/C	отрапу)	
3500 S. DUPONT HIGHWAY		
(Address		
DOVER, DE 19901		
(City/State and Z	ip Code)	
For further information concerning	g this matter, please call:	
TUNISHA SCOTT	at (302) 531-0855	
(Name of Person)	(Area Code & Daytime Telephone Number)	-

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

No. 6211

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of	i sections but loouz(2), bit /.0002(2), bit /.1509, or bit /.1509,
Florida Statutes, the undersign	gned, INCORPORATING SERVICES, LTD.
•	(Name of Registered Agent)
hereby resigns as Registered	Agent for DIVIDEND FUNDING CORP.
	(Name of Corporation)
F03000005770	
(Document Number, if kr	nown)
A copy of this resignation w	as mailed to the above listed corporation at its last known address.
The agency is terminated and this statement is filed.	d the office discontinued on the 31st day after the date on which (Signature of Resigning Agent)
If signing on behalf of an ent	tity:
Candice	B. Swetland
	(Typed or Printed Name)
Assistar	nt Secretary
	(Capacity)

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 Tallabassee, FL 32314