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To:

Division of Corporations

Fax Number

(850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023
Phone: (614)280-3338
Fax Number: (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## REGISTERED AGENT RESIGNATION 4G FUNDING, INC.

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## **COVER LETTER**

Division of Corporations	·	
SUBJECT: 4G Funding, In		
	(Name of Corporat	tion)
DOCUMENT NUMBER: F04000002	2331	
The enclosed Resignation of Registered A	gent for a Corpor	ration and fee are submitted for filing.
Please return all correspondence concernir	ng this matter to t	he following:
Kate Seidita		
(Name of Person)	·	<del>-</del>
NATIONAL REGISTERED AG	SENTS, INC.	
(Name of Firm/Company)		=
111 8th Avenue, 13th F	Floor	
. (Address)	<del></del> .	_
New York, NY 10011	•	
(City/State and Zip Code)		<del>-</del>
For further information concerning this me	atter, please call:	
Kate Seidita	<sub>at (</sub> 212	,894-8526
(Name of Person)	(Area Code	& Daytime Telephone Number)

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

TO: Amendment Section

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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, NRAI SERVICES, INC.	
(Name of Registered Agent)	
hereby resigns as Registered Agent for 4G Funding, Inc.	
(Name of Corporation)	
F0400002331	
(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 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:	
If signing on behalf of an entity:  NRAI SERVICES, INCKate Seidita	
(Typed or Printed Name)	
ASSISTANT SECRETARY క్రో ట్ల	
(Canacity)	

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withdrawn corporation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