

F0600000000866

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

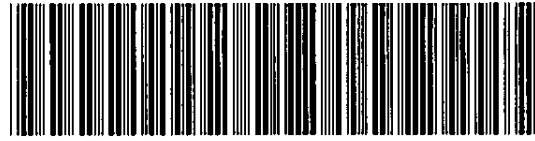
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE OF ARIZONA  
TULARE COUNTY CLERK'S OFFICE

Withdrawal

NOV 08 2016  
I ALBRITTON

Date: 11/04/2016

Account #: 120000000088

Name: Marisa Kugelmann

Reference #: D293283

ENTITY NAME: BT FUNDING CORP.

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Annual Report
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☒ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other: \_\_\_\_\_

Authorized Amount:

\$35.00

Signature: \_\_\_\_\_

115 North Calhoun Street, Suite #4, Tallahassee, FL 32301

Telephone: (866) 625-0838 Fax: (866) 625-0839 International +1 (212) 947-7200

E-Mail: [info@nationalcorp.com](mailto:info@nationalcorp.com) Website: [www.nationalcorp.com](http://www.nationalcorp.com)

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

**BT Funding Corp.**

(Name of Corporation)

**F06000000866**

(Document Number of Corporation (if known))

**Delaware**

(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

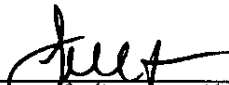
**68 S. Service Rd, Suite 120**

(Mailing Address)

**Melville, NY 11747**

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

**Jill A. Russo**

(Typed or printed name of person signing)

**11/4/2016**

(Date)

**Vice President**

(Title of person signing)

**FILING FEE \$35**

FILED  
2016 NOV -3 AM 8:00  
SEC. OF STATE  
TALLAHASSEE, FLORIDA