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SECRETARY OF STATE
TALLAHASSEE, FINAIE

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COVER LETTER

то:	Amendment Section Division of Corporations
SUBJ	JECT: HALFORD FUNDING GROUP, INC.
	(Name of Corporation)
DOC	UMENT NUMBER: <u>F0700000388/</u>
The e	enclosed withdrawal application and fee are submitted for filing.
	e return all correspondence concerning this r to the following:
	(Name of Person) Hunsons Funsing Group, Inc. (Firm/Company)
	(Name of Person)
	HUMBORD FUNDING GROUP, INC.
	(Firm/Company)
	112 W. Pennsylvania ANE STE 20/ (Address) BEL Aiz Md. 21014 (City/State and Zin code)
	(Address)
	BEL AIR Md. 21014
	(City/State and Zip code)
For fi	urther information concerning this matter, please call:
	Name of Person) at (410) 670 - 7025 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

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

HARFORD FUNDING GROUP, INC.

F0700000388/ (Document Number of Corporation (if known)
(Document Number of Corporation (if known)
MANYLAND (Incorporated Under Laws of)
(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:
2906 McGONAGALL CT.
(Mailing Address)
ABINGSON Md. 21009 (City/ State /Zip)
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of diseases refeided as other office of the base of the
(Signature of a director, president or other officer / if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Date)
RYAN C. WWRY (Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35