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Registration Section

TO:

Division of Corporations UNIVERSAL FUNDING LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: MITCHEL SUTIN, AMBR (Contact Person) UNIVERSAL FUNDING LLC (Firm/Company) 3530 MYSTIC POINTE DRIVE, SUITE 2004 (Address) AVENTURA, FL 33180 (City/State and Zip Code) For further information concerning this matter, please call: MITCHEL SUTIN, MGR (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$55 Filing Fee & Certified Copy □ \$25 Filing Fee Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)



FILED 2022 JUNIO PHI2: 19 SECRETARY OF STATE TALLAHASSEE, FL

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company as it appears on the records of the Florida Department VERSAL FUNDING LLC
2. The Florida doc L01000020836	ument/registration number assigned to this limited liability company is:
DANIEL CUTO	ember/manager withdrew/resigned or will withdraw/resign is:
(Print) MEMBER	, hereby withdraw/resign as a same of Person Resigning)
of this limited lia	(Print Title) (bility company and affirm the limited liability company has been notified of my riting.
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)