

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000000331

1. Entity Name
RESOURCE FUNDING, LLC



Principal Place of Business
875 SW WHISPER RIDGE TRAIL
PALM CITY, FL 34990

Mailing Address
875 SW WHISPER RIDGE TRAIL
PALM CITY, FL 34990



01102005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1724777

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

ARDITO, VICTOR
875 SW WHISPER RIDGE TRAIL
PALM CITY, FL 34990

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME ARDITO, VICTOR
STREET ADDRESS 875 SW WHISPER RIDGE TRL
CITY-ST-ZIP PALM CITY, FL 34990

TITLE VP
NAME ARDITO, BONNIE
STREET ADDRESS 875 SW WISPER RIDGE TRL
CITY-ST-ZIP PALM CITY, FL 34990

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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01/13/05 80054-017 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: VICTOR ARDITO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/11/05 772 283 6992

Date

Daytime Phone #