L02000005937

(Requestor's Name)				
. (Address)				
(Address)				
(City/State/Zip/Phone #)				
(Otty/Otale/Eiph Holle #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				

Special Instructions to Filing Officer:

L. SELLERS

SEP 2 0 2011

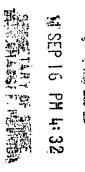
EXAMINER

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
27 inch of Corporations	
SUBJECT: ACCELERATED FUNDI	NG L.C.
(Name of Limited	d Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	is matter to:
STEPHEN G. STIM	
(Contact Person)	
STIMCONSUL, LTD.	
(Firm/Company)	
5A FROST MILL ROAD	
(Address)	
MILL NECK, NY 11765	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
STEPHEN G. STIM	212 977 7950
	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	he Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
i alialiassee, Fioriua 32301	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as it ELERATED FUNDIN		of the Florida Department
2. This limited liabil FLORIDA	ity company was organized u	nder the laws of:	
3. The Florida docur L020000259	nent/registration number of the 1927	is limited liability com	pany is:
4. I, ADRENEE	ENGLISH	, hereby resign as a _	MANAGER
	me of Person Resigning)		(Print Title)
of this limited liabi resignation in writi	lity company and affirm the ling.	imited liability compan	y has been notified of my
Adjon	ee English		
Signature of Resign	ning Member, Managing Mer	nber or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		SEP I

7.4