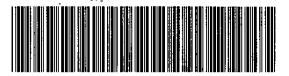
LD 40000 35599

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	• -
(Document Number)	
Certified Copies <u>(1) Jan</u> 1. Certificates of Status <u>(1) Status</u>	٠.
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SECRETARY OF STATE.
TALLAHASSEF, ELIGBIDA

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COVER LETTER

Division of Corporations
SUBJECT: People's Lending, LLC.
(Name of Corporation)
DOCUMENT NUMBER: L04000035599
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jeffrey P. Wasserman, Esq.
(Name of Person)
Shapiro, Blasi, Wasserman & Gora, P.A.
(Name of Firm/Company)
7777 Glades Road, Suite 400
(Address)
Boca Raton, FL 33434
(City/State and Zip Code)
For further information concerning this matter, please call:
Christine Chin Sang at (561) 477-7800
Christine Chin Sang at (561) 477-7800 (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Street Address: Amendment Section Division of Corporations Clifton Building © Post Office Box 6327 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

CR2E046(08/05)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

6 6



Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,Jeffrey P. Wasserman
(Name of Registered Agent)
hereby resigns as Registered Agent for People's Lending, LLC (Name of Corporation)
L04000035599
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. (Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
(Capacity)

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314