L04000051900

	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UF	P WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			

Special Instructions to Filing Officer:

L. SELLERS

JUN-- 8 2009

EXAMINER

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COVER LETTER

SUBJECT: F	Production Funding, LLC Name of Limited Liability Company	
1	Name of Limited Liability Company	
DOCUMENT NUMBER:	L04000051900	
The enclosed Resignation of Registe for filing.	ered Agent for a Limited Liability Company and fee are submitt	e
Please return all correspondence cor	ncerning this matter to the following:	
Patricia Klein, E	Esq.	
Name of Perso	on a second seco	
Patricia Klein, F		
Name of Firm/Com	npany	
2001 W. Sample Road Address	I, Suite 412	
Pompano Beach, Flor City/State and Zip		
patriciak@pkleinla E-mail address: (to be used for future	aw.com	
For further information concerning t	·	
Patricia Klein, Esq.	at (954) 935-3171	

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Amendment Section Division of Corporations

TO:

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

STREET ADDRESS:

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 14, 2009

PATRICIA KLEIN ESQ 2001 W. SAMPLE ROAD, STE. 412 POMPANO BEACH, FL 33064

SUBJECT: PRODUCTION FUNDING, LLC

Ref. Number: L04000051900

We have received your document for PRODUCTION FUNDING, LLC and your check(s) totaling \$175.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Letter Number: 609A00016471

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 608.416(2) or 608.50	9, Florida Statutes, the undersigned,
	Patricia Klein, Esq.	, hereby resigns as
	Name of Registered Agent	,
Registered Agent for	Produ	ction Funding, LLC
	Name of Limited Liability	Company
L04000	051900	
Document Nur	nber, if known	
A copy of this resignation	n was mailed to the above listed l	imited liability company at its last known address.
The agency is terminated		ne 31st day after the date on which this statement is filed. Besigning Agent
If signing on behalf of an	entity:	
	Typed or Printed	Name
	Capacity	

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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

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