

104000056793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600061668746

11/28/05--01014--004 \*\*25.00

FILED

2005 NOV 28 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

104-56793  
gl

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ANM Funding, LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bentzi Itzkowitz  
(Name of Person)

ANM Funding, LLC  
(Firm/Company)

1131 NE 163 rd St.  
(Address)

N. Miami Beach, FL 33162  
(City/State and Zip Code)

For further information concerning this matter, please call:

Bentzi Itzkowitz (305) 944-5040  
(Name of Person) (Area Code & Daytime Telephone Number)

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

CR2E079 (8/05)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2005 NOV 28 PM 2:21

FILED



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, Dror Ben-Aharon, hereby resign as Manager  
(Title)  
of ANM Funding LLC,  
(Limited Liability Company)

a limited liability company organized under the laws of the State of FL,  
and affirm that the limited liability company has been notified in writing of the resignation.

[Signature]  
(Signature of resigning manager, managing member or member)

2005 NOV 28 PM 2:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**FILING FEE IS \$25.00**

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