## 105000107490

(Requestor's Name)		
(Address)		
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(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Dusiness Entity Name)		
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(Document Number)		
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Special Instructions to Filing Officer:

L. SELLERS

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**EXAMINER** 

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SECKCIANY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: JOSEPH SCOTT COMMERCIAL (Name of Limited Liability Co	
The enclosed member, managing member or manager resifiling.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to	:
Scott Bonora	_
(Contact Person)	
JOSEPH SCOTT COMMERCIAL FUNDIN	G, LLC
350 5TH AVENUE 4010	<u>.</u>
(Address)	
New York, NY 10118	· <del>-</del>
(City/State and Zip Code)	
For further information concerning this matter, please call	:
SCOTT BONORA at 212	947-8877 e & Daytime Telephone Number)
(Name of Contact Person) (Area Cod	e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida  S25 Filing Fcc	Department of State for: \$55 Filing Fee & Certified Copy
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
CR2E079 (5/06)	•.

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the of State is: JC	e limited liability company as it appears of SEPH SCOTT COMMERCIAL	n the records of the Florida Department FUNDING, LLC
2. This limited lia FL	bility company was organized under the	aivs of:
3. The Florida doc L0500010	ument/registration number of this limited	l liability company is:
4, 1,	JRB Holdings , hereb	y resign as a MANAGER
(Print	Name of Person Resigning)	(Print Title)
of this limited literary in w	ability company and affirm the limited lia riting.	bility company has been notified of my
Signature of Res	igning Member, Managing Member or M	TALL SE
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	AUG-8 AM 8: 0: CARTANY OF STAT LAHASSEE FLORI