L06000012879

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
: (Business Entity Name)	
(Dusiness Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	_
Operior metractions to 1 ming officer.	

Office Use Only



700141997427

01/26/09--01043--015 **50.00

.09 FEB -4 AM 11: 53

SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON

FEB - 5 2009

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: Metro Capital Funding,	LLC
	ited Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
Richard Frisina	
(Contact Person)	
Metro Capital Funding, LLC	
(Firm/Company)	
6820 Queenferry Circle	
(Address)	
Boca Raton, FL 33496	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
Richard Frisina	_{at (} 561) 756-5855
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	
\$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
TAHADASSEE CIODOA 37.3UI	

CR2E079 (5/06)

TO:

Registration Section



RECEIVED

09 FEB -4 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

January 27, 2009

RICHARD FRISINA 6820 QUEENFERRY CIR BOCA RATON, FL 33496

SUBJECT: METRO CAPITAL FUNDING, LLC

Ref. Number: L06000012879

We have received your document for METRO CAPITAL FUNDING, LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person resigning and the person signing the resignation documentmust be the same.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 509A00002983



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company a tro Capital Funding,		of the Florida Depar	tment
-	oility company was organize			—·
	ument/registration number o	of this limited liability comp	oany is:	
4. I, Robert Bo	twinick lame of Person Resigning)	hereby resign as a	Member (Print Title)	
of this limited lia resignation in wr	bility company and affirm the	nick	,	of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		09 F	DIVISI