

LO7000032249

(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:

A. LUNT
APR 10 2008
EXAMINER

Office Use Only



900121187349

04/08/08 - 01034-018 - \$50.00

2008 APR -9 A 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BNT FUNDING, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

YOUNES DIA
(Name of Person)

BNT FUNDING, LLC
(Firm/Company)

4009 W. DR MARTIN LUTHER KING JR BLVD
(Address)

TAMPA FLORIDA 33614
(City/State and Zip Code)

FILED
2008 APR -9 A 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

YOUNES DIA at (419) 356-1373
(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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

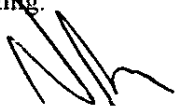
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: BNT FUNDING, LLC

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
L07000032249

4. I, NAQID HASAN, hereby resign as a MANAGER AND MEMBER
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
2008 APR -9 A 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA