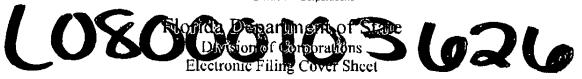
3/3/2018

Division of Corporations



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(((H18000070703 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SILVAS FINANCIAL SERVICES, L.L.C.

Account Number : I20020000100 Phone : (305)944-9755

: (888)401-1914 Fax Number

\*\*Enter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please. \*\*

1	444				
CINGIT	Address:_				 _

# LLC REGISTERED AGENT RESIGNATION OHIO PRIVATE LENDENG, LLC.

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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	ECT: OHIO PRIVATE LENDING, LLC	e.
	Name of Limited Liabili	y Company
DOCU	MENT NUMBER: L08000103626	
The end for filir	closed Resignation of Registered Agent for a Limiteng.	ed Liability Company and fee are submitted
Please	return all correspondence concerning this matter to	the following:
DANIE	EL CIFUENTES	
	Name of Person	<u></u>
SILVA	S FINANCIAL SERVICES LLC	
	Name of Firm/Company	<del>-</del>
5220 \$	S UNIVERSITY DRIVE SUITE C-102	
	Address	<del>-</del>
DAVIE	E, FL 33328	
	City/State and Zip Code	_
ACCO	OUNTING2@SILVASBOX.COM	
E-17	nail address: (to be used for future annual report notification)	, see 
or furt	ther information concerning this matter, please call:	•
DANIE	EL CIFUENTES 305	<b>\9449755</b>
	Name of Person Area Cod	Daytime Telephone Number

## **MAILING ADDRESS:**

liability company.

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

## STREET ADDRESS:

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

INHS17 (2/14)

(((H18000070703 3)))

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

υť.

Pursuant to the provisi	ions of section 605.01	15, Florida Statu	ites, İherun	dersigned,			
SILVA'S FINANC	IAL SERVICES, L	LC.	n i	, hereby resigns as			
	Name of Registered Ap	jeni	1.				
Registered Agent for	OHIO PRIVATE L	ENDING, LLC	<u>C.</u>				
	Name of L	imited Liability Con	npany				
L08000103626			38				
Document 2	Number, if known	<del></del>		•			
The agency is termina	ated and the office disc	continued on the	31st day a	fler the date on which	his staten	2016	filed.
		Signature of Re-	signing Ager	<u>u</u>	<b>建</b> 温	HAR	1
If signing on behalf of	fan entity:					₹-S	
	MARIO F SILV	Ά	11.		3-15	æ	
		Typed or Printed N		- Erzi.			gentine gentine
	MANAGER		11	: 	112	ģ.	
		Capacity	l:		<b>Mile</b>	Ö	

### St.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

INHS17 (2/14)