L09000123211

(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



500249035075

06/24/13--01044--014 **85.00

FILED
2013 JUN 24 PM 2: 39
SECRETARY OF STATE
SECRETARY OF STATE

JUN 25 2013 J. BRYAN



Resignation of Registered Agent for a Limited Liability Company

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622

regagent@capitolservices.com

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

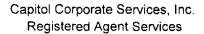
DATE: STATE: 6/20/2013 FLORIDA

REP UNIT:

IMPERIAL FUNDING V, LLC

Enclosed for filing please find a Resignation of Registered Agent for a Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 24392 in the amount of \$85.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Registered Agent Department.







COVER LETTER

SUBJECT: IMPERIAL FUNDING V, LLC Name of Limited Liability Company		
DOCUMENT NUMBER: L09000123211		
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee ar for filing.	re submitted	
Please return all correspondence concerning this matter to the following:		
Rhonda Peirce Name of Person		
Capitol Services Registered Agent Department Name of Firm/Company	2013 JUN 24 PH 2: 39 SECRETARY OF STATE SECRETARY OF STATE	TI
800 Brazos, Suite 400 Address	N24 PH	121
Austin, Texas 78701 City/State and Zip Code	1 2: 39	
rpeirce@capitolservices.com E-mail address: (to be used for future annual report notification)	,	
For further information concerning this matter, please call:		
Rhonda Peirce at (800) 345-4647 Name of Person Area Code & Daytime Telephone Number	,	

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

TO: Amendment Section Division of Corporations

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

STREET ADDRESS:

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provision	s of section 608.416(2) or 608.509, Florida Statutes, the v	andersigned,
Capitol C	Corporate Services, Inc. , hereby	resigns as
	Name of Registered Agent	
Registered Agent for		
	IMPERIAL FUNDING V, LLC	
	Name of Limited Liability Company	
L09000 Document Nur	123211 nber, if known	
A copy of this resignation	n was mailed to the above listed limited liability company	at its last known address.
The agency is terminated	and the office discontinued on the 31st day after the date $\sqrt{2}$	on which this statement is filed.
If signing on behalf of an	Signature of Resigning Agent entity:	ZHIJ JUN 24 SECRETARE TALLAHASS
	Jason Fischer	TILL PLANTS
_	Typed or Printed Name	SSE
	Assistant Secretary Capacity	PH 2: 39 EE. FLORID

\$85.00 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