

L10000047557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

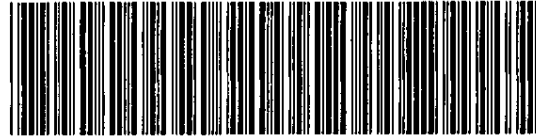
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

RES

Office Use Only

B. KOHR
MAR 27 2012
EXAMINER



100225761431

03/22/12--01027--018 **85.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
12 MAR 22 AM 8:02

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HOA Funding, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L10000047557

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steven B. Sprechman
Name of Person

Sprechman & Associates
Name of Firm/Company

2775 Sunny Isles Blvd
Address

Miami, FL 33160
City/State and Zip Code

steve.sprechman@sprechmanlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steve Sprechman at (305) 521-8801
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR 22 AM 8:02

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Steve Sprechman

Name of Registered Agent

, hereby resigns as

Registered Agent for

HOA Funding, LLC

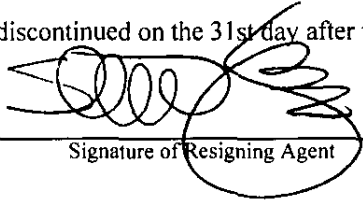
Name of Limited Liability Company

L10000047557

Document Number, if known

A copy of this resignation 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 on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

STEVE SPRECHMAN

Typed or Printed Name

RA.

Capacity

FILING FEES:

\$ 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR 22 AM 8:02