

L100000079411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

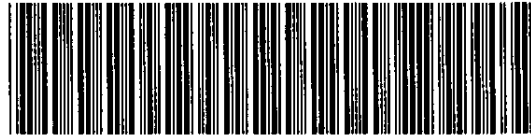
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

D. BRUCE

NOV 15 2012

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ASAM Lending LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L10000079411

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:

Peter Scaduto
Name of Person

ASAM Lending
Name of Firm/Company

12510 W Atlantic Blvd
Address

Coral Springs, FL 33071
City/State and Zip Code

pete@asamfinancial.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter Scaduto at (954) 510-1100
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

12 NOV 14 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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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,

Stuart Horowitz

Name of Registered Agent

, hereby resigns as

Registered Agent for ASAM Lending LLC

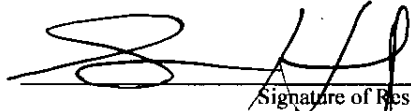
Name of Limited Liability Company

L10000079411

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:

Typed or Printed Name

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