

L11000094756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

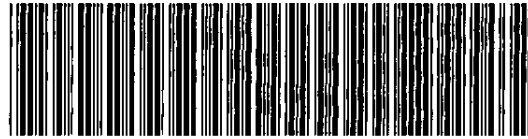
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

OCT 12 2011

EXAMINER



800213168828

10/11/11--01049--011 **25.00

FILED
11 OCT 11 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G. MCLEOD

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

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

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

MICHELLE HOFKIN, ESQ.
(Contact Person)

LAW OFFICES OF MICHELLE HOFKIN
(Firm/Company)

2500 QUANTUM LAKES DRIVE, STE 203
(Address)

BOYNTON BEACH, FL 33426
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHELLE HOFKIN, ESQ. at (561) 732-0122
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

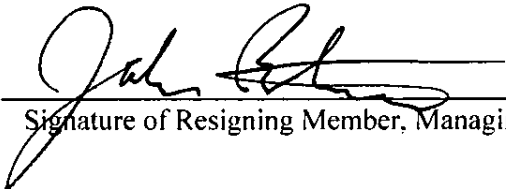
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: FORTRESS FUNDING, LLC

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

3. The Florida document/registration number of this limited liability company is:
L11000094756

4. I, JOHN BUTLER, hereby resign as a 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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 OCT 11 PM 3:42

FILED