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| (Rec | questor's Name) | |
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| (City | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to I | Filing Officer: | |
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K.SALY EXAMINER JUL 31 2012

COVER LETTER

| SUBJECT: OPE | N SOURCE FUND! | NG LLC Company | |
|--|-----------------------------|---|--|
| DOCUMENT NUMBER: | L12000009900 | | |
| The enclosed Resignation of Register for filing. | ered Agent for a Limited I | Liability Company and fee are submitted | |
| Please return all correspondence cor | ncerning this matter to the | following: | |
| Rene Brasho Name of Perso | olt n | | |
| Name of Firm/Com | прапу | | |
| 10300 49th St N, S Address | Ste 200 | | |
| Clearwater, FL 3 City/State and Zip | 3762 Code | | |
| r.brasholt@osf-u E-mail address: (to be used for future For further information concerning t | | | |
| Rene Brasholt Name of Person | at (727) | 771-5071 & 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of sect | tion 608.416(2) or 608.509, Flo | rida Statutes, the undersigned, | , |
|------------------------------------|-----------------------------------|------------------------------------|---|
| CHOINIER | E, BENOIT O DR | , hereby resigns as | THE THE PERSON AS A PERSON AS |
| Name of | Registered Agent | | |
| Registered Agent for | E FUNDING LLC | - TO TO | |
| | | | Fig. 5 |
| | Name of Limited Liability Compar | ny | 25 |
| L1200000990 | 0 | | · 7 |
| Document Number, if k | nown | | |
| A copy of this resignation was m | ailed to the above listed limited | l liability company at its last kr | nown address. |
| The agency is terminated and the | office discontinued on the 31s | t day after the date on which th | is statement is filed. |
| | | | |
| | Signature of Resign | ing 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

V.