[redacted]

L12000145991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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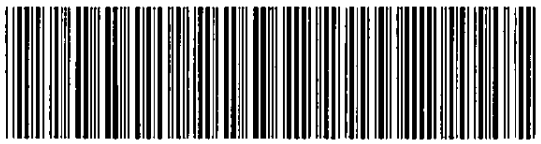

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2024 APR -3 AM 10:52
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASTOR EB5 FUNDING, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L12000145991

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:

Giacomo Bossa
Name of Person

c/o Barakat + Bossa PLLC
Name of Firm/Company

2701 Ponce de Leon Boulevard Suite 202
Address

Coral Gables, FL 33134
City/State and Zip Code

corporate@b2b.legal
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Giacomo Bossa at (305) 444 3114
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$85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

TERRENCE AYALA, PL , hereby resigns as
Name of Registered Agent

Registered Agent for ASTOR EB5 FUNDING, LLC

Name of Limited Liability Company

L12000145991
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.

Terrence P. Ayala PL Member Manager
Signature of Resigning Agent
Terrence Ayala PL

If signing on behalf of an entity:

Terrence Ayala PL
Typed or Printed Name

Member-Manager
Capacity

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2021 APR -3 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

INHS17 (2/14)