113000/04031

(Re	equestor's Name)			
(Ac	ddress)			
(Ac	ddress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(B	usiness Entity Name)		
(Document Number)				
Certified Copies	Certificates o	of Status		
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COVER LETTER

	ion of Corporations			
SUBJECT:	QMS FUNDING LLC			
sommer.	(Name of Limited Liability Company)			
The enclosed	l member, resignation or dissoc	iation and fee(s) are submitted for filing.	
Please return	all correspondence concerning	this matter to:		
Ibrahim Mo	ussa			
	(Contact Person)		_	
IDM X, L.L	.C.			
	(Firm/Company)	-	_	
2911 STAT	E ROAD 590, SUITE 22			
	(Address)		_	
CLEARWA	TER, FL 33759			
	(City/State and Zip Code)		_	
For further in	nformation concerning this mat	ter, please call:		
Ibrahim Mo	ussa	727 at (796-7600	
(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed ple \$25 Filing	ase find a check made payable Fee		Department of State for: g Fee & Certified Copy	
Registration Division of C Clifton Build 2661 Execut	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

CR2E079 (2/14)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as FUNDING LLC	it appears on the records of the Florida Department	
2. The Florida docu	ment/registration number as	signed to this limited liability company is:	
L13000104031			
3. The date this men	mber/manager withdrew/resi	gned or will withdraw/resign is:	
4. I, EMSCO CAPITAL LLC (Print Name of Person Resigning)		, hereby withdraw/resign as a	
(Print No	ame of Person Resigning)		
Member and I	Manager	•	
	Print Title)		
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing Ernsco Cap Man — Marcogney Members Signature of Dissociating Member or Resigning Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		