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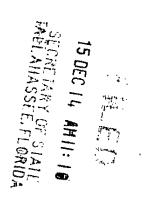
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## **COVER LETTER**

TO: Registration Section Division of Corporations

Brightcashloans, LLC Name of Limited Liability Company L15000188945 **DOCUMENT NUMBER:** 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:

Bonnie Yerry

Name of Person

Corporation Service Company

Name of Firm/Company

80 State Street

Address

Albany NY 12207

City/State and Zip Code

byerry@cscinfo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Bonnie Yerry** 

927-9801 ext. 63002 de Daytime Telephone Number

Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

INHS17 (12/13)

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statutes,	the undersigned,	
CORPORATION	ON SERVICE COMPANY	, hereby resigns as	
	Name of Registered Agent	, ,,	
Registered Agent for _	Brightcashloans, LLC		
	Name of Limited Liability Company	y	
L150001889	945		
Document 1	Number, if known		
A copy of this resignate	tion was mailed to the above listed limited	liability company at its last kno	wn address.
The agency is terminal	ted and the office discontinued on the 31st Corporation Service Co		਼ ਯੋ
	Signature of Resignir	ng Agont S	PEC 1
If signing on behalf of	an entity:	) Š	9 3
	Bonnie Yerry	<u></u>	
Typed or Printed Name			<b>≥ =</b>
	Asst. Secretary	Ä	1.1
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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