L19000212730

/D					
(Requestor's Name)					
(Add	ress)				
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	MAIT	MAIL			
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S. YOUNG

COVER LETTER

TO: Regi	istration Section		•
Divi	ision of Corporations		
SUBJECT:			
	(Name of	Limited Liability Co	ompany)
The enclose	ed member, resignation or diss	sociation and fee((s) are submitted for filing.
Please retur	n all correspondence concern	ing this matter to	:
Nanette Soto			
	(Contact Person)		-
NSRT Fundin	g, LLC		
	(Firm/Company)	······································	-
13194 US Hiջ	ghway 301 S # 371		
	(Address)		
Riverview, FI	2 33578		
	(City/State and Zip Code)		
For further	information concerning this n	natter, please call	:
Nanette Soto		813 at (867-3697
1)	Name of Contact Person)		le & Daytime Telephone Number)
Enclosed pl	ease find a check made payab	le to the Florida	Department of State for:
■ \$25 Filir	ng Fee	□ \$55 Filir	ng Fee & Certified Copy
<u>Mail</u>	ing Address:		Street Address:
Reg	istration Section		Registration Section
	ision of Corporations		Division of Corporations
	. Box 6327		The Centre of Tallahassee
Fall	ahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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	s it appears on the records	of the Florida Department
2. The Florida doc £19000212730	ument/registration number a	ssigned to this limited liab	oility company is:
D.,	mber/manager withdrew/res		
4. I. Managing Member	ame of Person Resigning)	, hereby withdraw/re	rsign as a
	(Print Title) bility company and affirm thiting.	ne limited liability compan	
,	ssociating Member or Resig \$25,00 (Required) \$30,00 (Optional)	ning Manager	2021 JAN-4 PM 6: