

120000362925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

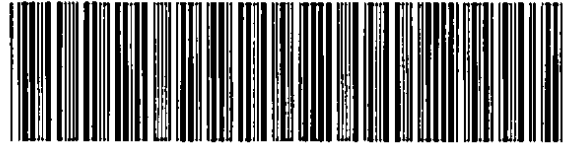
(Business Entity Name)

(Document Number)

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12/06/21

C. BRUMBLEY
DEC 21 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chestnut Lender LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L20000362925

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:

Alec Taylor

Name of Person

EFO Financial Group

Name of Firm/Company

1885 Oakes Blvd

Address

Naples, FL 34119

City/State and Zip Code

ataylor@efoholdings.net

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

For further information concerning this matter, please call:

Alec Taylor

Name of Person

at (239)
Area Code

2931542

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

ITG Management LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for Chestnut Lender LLC

Name of Limited Liability Company

L20000362925

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.



Signature of Resigning Agent

If signing on behalf of an entity:

Lance Lester

Typed or Printed Name

Manager

Capacity

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2021 DEC -6 PM 1:48
TALLAHASSEE, FL
S. J. HARRIS

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