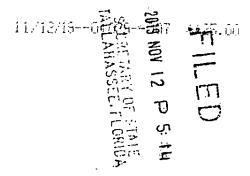
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(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer.			





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ESC 11 (208

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FOCUS RECEIVABLES MANAGEMENT, LLC Name of Limited Liability Company
DOCUMENT NUMBER: M01000001517
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:
ROBIN MOLT
Name of Person
Corporation Service Company
Name of Firm/Company 80 State Street Address
Albany NY 12207 City/State and Zip Code
rmolt@cscinfo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Robin Molt Name of Person at (518) 433-7018 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.011	5, Florida Statutes, the un	dersigned.	
Corporation S	ervice Compar	ny	, hereby resigns as	3
	Name of Registered Age	int	,,	
Registered Agent for _	FOCUS REC	EIVABLES MAN	AGEMENT, L	LC
	Name of Lin	nited Liability Company		 ,
M0100000151	7			
Document ?	Sumber, it known			
A copy of this resignat	ion was mailed to the	above listed limited liabili	ity company at its last	t known address.
The agency is terminat		ontinued on the 31st day and Service Company Signature of Resigning Agen	ıy	n this statement is filed.
If signing on behalf of	an entity:		2018 TAL	
	Robin Molt		CAH.	
	asst secretary		2019 NOV 12 P	_ ,,,
		Capacity	102	n. E
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively disso withdrawn limited liab	lved/voluntarily dis:	solved/

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314