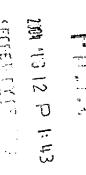


(Re	equestor's	Name)	
(Ac	idress)		
(Ac	idress)		
, (ci	ty/State/Z	ip/Phone #)
PICK-UP	☐ WAIT		MAIL
(В	ısin e ss E	ntity Name)
(Do Certified Copies Special Instructions to		ertificates o	f Status
Name Availability			
Document			
Updater	-Office	Use Only	
Updater Venfyer	c		
Adino dedgement	DCC		
W. P. Verifyer	DCC		



08/12/04--01022--004 **50.00 *





Southeast Funding Associates, LLC

Residential & Commercial Mortgage Brokerage Services

August 6, 2004

VIA REGULAR US MAIL

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: Southeast Funding Associates, LLC

Dear Sirs/Mesdames:

Enclosed for filing with your agency are the following documents:

1. Transmittal Letter and Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida

2. Transmittal Letter and Articles of Dissolution for a Florida Limited Liability Company

3. Our firm cheque in the amount of \$50 in payment of the requisite filing fee.

Please note that currently there are three registrations in the Department's database under the name Southeast Funding Associates, LLC. All three entities were registered by the same principals; however, two of the registrations were made in error. The enclosed documents should dissolve the entities associated with your department's document numbers M03000002360 and L03000025536 respectively.

Trusting that the foregoing documentation will clarify this matter, please dissolve the duplicate registrations at your earliest convenience.

Please do not hesitate to call me with any questions.

Sincerely,

SOUTHEAST FUNDING ASSOCIATES, LLC

Kareen Black Corporate Paralegal

/kb

cc: Tom Spiro, President

TRANSMITTAL LETTER

TO: Registration Sec Division of Cor			
SUBJECT: SOUTHE	AST FUNDING ASSOCIATE		
	(Name of L	imited Liability Company)	
The enclosed Articles of	Dissolution and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
Ка	reen Black	_	
		(Name of Person)	
Southeast F	unding Associates, LLC		
		(Firm/Company)	
3520 P	iedmont Road, N.E., Suite 4	20	
-		(Address)	
Atlan	ta, Georgia 30305		NS 12
	(Cit	y/State and Zip Code)	IS T
For further information	concerning this matter, please of	call:	- · · · · · · · · · · · · · · · · · · ·
Kareen Black		at (770 <u>850-31</u>	100
	(Name of Person)	(Area Code & Daytime	e Telephone Number)
Enclosed is a check for the	following amount:		
	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SOUTHEAST FUNDING ASOCIATES, LLC

(Name of limited liability company)
GEORGIA
(Jurisdiction of its organization)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent to accept service on its pehalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.
3520 Piedmont Road, N.E., Suite 420 (Mailing address)
(Mailing address)
Atlanta, Georgia 30305
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address. Signature of member or authorized representative of a member) Tom Spiro
Typed or printed name of signee)

Filing Fee: \$25.00