

M03000003487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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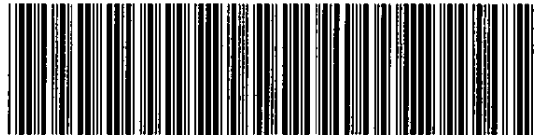
(Business Entity Name)

(Document Number)

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Resignation
of RA

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FILED
2009 MAR 30 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AR
2/21/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CONSOLIDATED CAPITAL FUNDING LLC

(Name of Limited Liability Company)

DOCUMENT NUMBER: M03000003487

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:

N. DWAYNE GRAY, JR.

(Name of Person)

GREENSPOON MARDER, P.A.

(Name of Firm/Company)

201 E. PINE STREET, STE. 500

(Address)

ORLANDO, FL 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

N. DWAYNE GRAY, JR.

(Name of Person)

at (407) 425-6559

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED
LIABILITY COMPANY**

2009 MAR 30 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

N. DWAYNE GRAY, JR.

(Name of Registered Agent)

, hereby resigns as

Registered Agent for **CONSOLIDATED CAPITAL FUNDING LLC**

(Name of Limited Liability Company)

M03000003487

(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:

(Typed or Printed Name)

(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**