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## **COVER LETTER**

TO:

Registration Section

Division of Corporations	
SUBJECT: M Capital Funding, L.L.	.C.
	reign Limited Liability Company)
Dear Sir or Madam:	
The enclosed withdrawal and fee(s) are submitte	ed for filing.
Please return all correspondence concerning this	s matter to the following:
E. H. Clem	
(Name of Person)	
SunTrust Lender Management, L.	L.C.
(Firm/Company)	
901 Semmes Avenue MTG 1815	
(Address)	
Richmond, VA 23224	
(City/State and Zip Cod	de)
For further information concerning this matter,	please call:
E. H. Clem	at ( 804 ) 291-0320
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount	:
\$25 Filing Fee \$30 Filing Fee & Certificate of Status	S55 Filing Fee & S60 Filing Fee, Certified Copy Certificate of Status & Certified Copy

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

•	
M Capital Funding, L.L.C.	
(Name of limited liability company)	
<u>Delaware</u>	
(Jurisdiction of its organization)	
This limited liability company is no longer transacting business in Florida and surrenders authority to transact business in this state.	its
This limited liability company revokes the authority of its registered agent to accept service its behalf and appoints the Department of State as its agent for service of process based cause of action arising during the time it was authorized to transact business in Florida.	on on a
c/o SunTrust Lender Management, LLC - 901 Semmes Ave (Mailing address)	·
Richmond, VA 23224 (City/State/Zip)	
(City/State/Zip)	
The limited liability company agrees to notify the Department of State in the future of change in its mailing address.	any
(Signature of member or authorized representative of a member)	
Signature of member of authorized representative of a member)	,
David F. Robinson	07
Typed or printed name of signee)	26.
	07 DEC -3
	<b>ာ</b>
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Filing Fee: \$25.00