

## 1107 000006299

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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07/20/11--01029--001 \*\*100.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2011 JUL 20 AM 11: 2

T. CLINE
JUL 2 1 2011
EXAMINER



## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provise	ons or section 608.416(2) or 608.509, FI	orida Statutes, the undersigned,	
C T CORPORATION SYSTEM		, hereby resigns as	
	(Name of Registered Agent)	, was a same as	
Registered Agent for _	NOW & FOREVER FUNDING, LLC	(NY. DOM.)	_
	(Name of Limited Liability Comp	any)	_,
M07000006299			
(Document Nu	mber, if known)		
A copy of this resignar	tion was mailed to the above listed limite	ed liability company at its last known address	3.
The agency is termina	ted and the office discontinued on the 31	st day after the date on which this statement	is filed.
	(Signature of Resigning A	SECRETARY TALLAHASSI	
If signing on behalf of	an entity:	HAS HAS UL 2	4.27146640
	C T CORPORATION SYSTEM - 1	heresa Altieri	
	(Typed or Printed Nam ASSISTANT SECRET	TARY SS =	
	(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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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