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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 : (850)878-5368

Fax Number

LLC DISSOLUTION OR WITHDRAWAL EFS FUNDING, LLC

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COVER LETTER

TO: Registration Section Division of Corporations EFS Funding, LLC (Name of Foreign Limited Liability Company) Dear Sir or Madam: The enclosed withdrawal and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Yvonne Miller (Name of Person) **GE** Capital (Finn/Company) 201 Merritt 7 (Address) Norwalk, CT 06851 (City/State and Zip Code) For further information concerning this matter, please call: Yvonne Miller (Name of Person)

STREET/COURTER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahasses, 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 ☐ \$55 Filing Fee & Certified Copy

☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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

EFS Funding, LLC	
(Name of limited liability company)	100
Delaware	E. S. S.
(Jurisdiction of its organization)	
M0900000730	
(Florida Document Number)	

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 behalf 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.

201 Merritt 7
(Mailing address)
Norwalk, CT 06851
(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)

Anthony lannini

(Typed or printed name of signee)

Filing Fee: \$25.00

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