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From:

Account Name : C T CORPORATION SYSTEM

Phone

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LLC DISSOLUTION OR WITHDRAWAL **CLL FUNDING LLC**

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A. LUNT

OCT 15 2010

EXAMINE

COVER LETTER

	ion Section of Corporations			
SUBJECT: CLI	L Funding LLC			
		oreign Limited Liabilit	y Company)	
Dear Sir or Madan	n:			
The enclosed with	drawal and fee(s) are submi	tted for filing.		
Please return all co	orrespondence concerning th	is matter to the followi	ng:	
Yvonne Miller				
	(Name of Person)			
GE Capital				
	(Firm/Company)			PAIS 22
201 Morritt 7				SECRETARY OF STATE
	(Address)		_	T IL
Norwalk, CT 068	51			E 07
	(City/State and Zip Co	de)	-	STA SP (
For further informa	tion concerning this matter,	please call:		
Yvonne Miller		at (203	229-5243	
1)	lame of Person)		Daytime Telephone Number)	
Registratio Division of Clifton Bu 2661 Exec Tallahasse	f Corporations ilding utive Center Circle e, Florida 32301	Regis Divis P.O. 1 Tallal	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, Florida 32314	
Enclosed is a check	for the following amount: \$\Pi\$ \$30 Filing Fee & Certificate of Status	S \$55 Filing Fee & Certified Copy	S60 Filing Pee, Certificate of Status & Certified Copy	

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

CLL Funding LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
M0900000731	
(Florida Document Number)	
This limited liability company is no longer transacting business in authority to transact business in this state.	Florida and surrenders its
This limited liability company revokes the authority of its registered its behalf and appoints the Department of State as its agent for servicause of action arising during the time it was authorized to transact bus	agent to accept service on ice of process based on a iness in Florida.
201 Merriu 7	AS 2
(Mailing address)	SEGRE PARY
Norwalk, CT 06851	SRY F
(City/State/Zip)	E P
The limited liability company agrees to notify the Department of Schange in its mailing address.	tate in the finite of any
Charle Elluca	
(Signature of member or authorized representative of a member)	
Charles Rhodes, Authorized Representative	
(Typed or printed name of signee)	

Filing Fee: \$25.00