M13000000 824

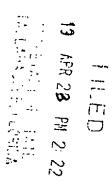
(F	Requestor's Name)	
	Address)	
(/	Address)	
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PICK-UP	☐ WAIT ☐ MAIL	
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(Document Number)		
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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	INDEPENDENCE FUNDING	
	Name of MENT NUMBER: M1300000082	Limited Liability Company 4
The end for filin		ent for a Limited Liability Company and fee are submitted
Please	return all correspondence concerning	this matter to the following:
Kryst	al Beckner Name of Person	
COG	ENCY GLOBAL INC. Name of Firm/Company	 _
850 N	lew Burton Rd., Suite 201 Address	
Dover	, DE 19904 City/State and Zip Code	
E-i	mail address: (to be used for future annual re	eport notification)
For fur	ther information concerning this mat	ter, please call:
Invoice	Name of Person	at (<u>866</u>) <u>621-3524</u> Area Code Daytime Telephone Number
liability	ed is a check made payable to the Flo y company or \$25.00 for an administr y company.	orida Department of State for \$85.00 for an active limited ratively dissolved, voluntarily dissolved or withdrawn limited
MAIL	ING ADDRESS:	STREET ADDRESS:
_	ration Section	Registration Section
Divisio	on of Corporations	Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Flori	ida Statutes, the undersigned.
COGENCY GLOBAL, INC.	, hereby resigns as
Name of Registered Agent	
Registered Agent for INDEPENDENCE FUND	ING LLC
Name of Limited Lia	bility Company
, mile of thinles the	ome Company
M13000000824	
Document Number, if known	
A copy of this resignation was mailed to the above I	isted limited liability company at its last known address.
The agency is terminated and the office discontinued	d on the 31st day after the date on which this statement is filed.
Krysta	al Beckner
If signing on behalf of an entity:	
Krystal Beckner	
	Printed Name COGENCY GLOBAL INC. THE D TH
Сара	icity 2: 2
	> 2
### FILING FEES \$ 85.00 Acti \$ 25.00 Adn with	iz ve limited liability company ninistratively dissolved/ voluntarily dissolved/ ndrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314