M14000005037

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

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 960,548 8323810 AUTHORIZATION COST LIMIT : \$ 87-50 85.00 ORDER DATE: August 29, 2023 ORDER TIME : 9:26 AM ORDER NO. : 960548-245 CUSTOMER NO: 8323810 CHANGE OF AGENT NAME: COMMONBOND LENDING, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ____ CERTIFIED COPY XX ____ PLAIN STAMPED COPY CONTACT PERSON: Eyliena Baker -- EXT# EXAMINER:

COVER LETTER

SUBJECT: CommonBond Lending, LLC Name of Limited Liabilit	v Company
DOCUMENT NUMBER: M14000005037	, Company
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to	he following:
RESIGNATIONS DEPARTMENT	
Name of Person	_
CORPORATION SERVICE COMPANY	
Name of Firm/Company	-
251 LITTLE FALLS DRIVE	
Address	-
WILMINGTON, DE 19808	
City/State and Zip Code	-
ANNUALREPORTS@CSCGLOBAL.COM	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
RESIGNATION DEPT 800 at (927-9801
Name of Person Area Code	Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Street Address:

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.011	5. Florida Statutes, the und	lersigned.			
CORPORATION SERVICE COMPANY Name of Registered Agent		_ , hereby resigns as				
			; hereby resigns do			
Registered Agent for Co	ommonBond Lending.	LLC				_
	Name of Lin	nited Liability Company			<u> </u>	_ ,
M14000005037						
Document No	imber, if known					
The agency is terminate	_	ontinued on the 31st day aff		his stal	tement	is filed.
If signing on behalf of a	n entity:		=	 (2	
	BY EYLIENA BAK	ÉR	1		023	
	VICE PRESIDENT	yped or Printed Name		AHASS	2023 SEP -6	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolvent withdrawn limited liability.	company ved/ voluntarily dissol	VALLAHASSEE FLORIDA Ved	AM 9: 34	

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