

MS0000003593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

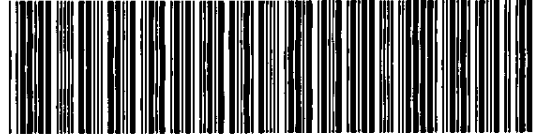
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300291657993

11/01/16--0101 012:00 **25.00

FILED
16 NOV -3 AM 9:09
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
16 NOV -1 PM 12:06
DEPARTMENT OF STATE

NOV 04 2016

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 2, 2016

CAPITAL CONNECTION, INC.

SUBJECT: BLUE DIAMOND FUNDING LLC
Ref. Number: M15000003593

We have received your document for BLUE DIAMOND FUNDING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 316A00023513

RECEIVED
DEPARTMENT OF STATE
16 NOV - 3 PM 12:13

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Blue Diamond Funding LLC

Signature _____

Requested by: BAN

Name _____

11- 3-16

Date

AM

Time

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ ☒ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Your Capital Connection Inc., hereby resigns as
Name of Registered Agent

Registered Agent for Blue Diamond Funding LLC

Name of Limited Liability Company

M1500000 3593

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Barbara Neeley
Signature of Resigning Agent

If signing on behalf of an entity:

BARBARA Neeley
Typed or Printed Name
Client Rep.
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

FILED
16 NOV 3 PM 9:09
TALLAHASSEE, FLORIDA
SECRETARY OF STATE