

PO1000097134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

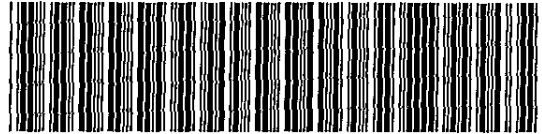
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700011900687

02/11/03--01034--013 **87.50

FILED
03 FEB 14 PM 3:05
CLERK OF STATE
TALLAHASSEE, FLORIDA

PO1000097134
380 RARIS CM
2-14-03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CAPITAL FUNDING SOURCE, INC.
(Name of Corporation)

DOCUMENT NUMBER: P01000097134

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN MCCANN
(Name of Person)

CAPITAL FUNDING SOURCE, INC
(Name of Firm/Company)

6363 NORTH FEDERAL HIGHWAY
(Address)

BOCA RATON, FL 33487
(City/State and Zip Code)

For further information concerning this matter, please call:

John McCann at (561) 864-3502
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, ROBERT PHIRSICHBAUM
(Name of Registered Agent)

hereby resigns as Registered Agent for CAPITAL FUNDING SOURCE, INC.
(Name of Corporation)

P01000097134
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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.


(Signature of Resigning Agent)

If signing on behalf of an entity:

Robert Phirsichbaum
(Typed or Printed Name)

Director
(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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

FILED
03 FEB 14 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA