

P17757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

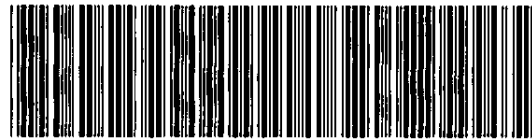
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/19/10--01043--019 \*\*175.00

*R.A. Resque*  
C COULLIETTE  
JUL 20 2010

EXAMINER

EXAMINER

JUL 20 2010  
C COULLIETTE

10 JUL 19 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



111 Eighth Avenue  
New York, NY 10011

212 894 8940 tel  
212 590 9180 fax  
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July 12, 2010

RE: ALLIANCE BANCORP, INC. (IL. DOM.)  
AMERICAN BEDDING INDUSTRIES, INC. (FL. DOM.)  
AMPAM J.A. CROSON, COMPANY. (FL. DOM.)  
DELTA FUNDING CORPORATION. (NY. DOM.)  
HOFFEND & SONS INC. (NY. DOM.)

Department of State  
Division of Corporations  
Clifton Building  
261 Executive Center Circle  
Tallahassee, Florida 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is 1 check in the amount 175.00 to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self-address envelope.

Very truly yours,

C T CORPORATION SYSTEM

*Theresa Alfieri*

Theresa Alfieri  
Senior Supervisor &  
Assistant Secretary

TA:lf  
Enclosure

**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, C T CORPORATION SYSTEM  
(Name of Registered Agent)  
hereby resigns as Registered Agent for DELTA FUNDING CORPORATION. (NY. DOM.)  
(Name of Corporation)  
P17757  
(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:

C T CORPORATION SYSTEM - THERESA ALFIERI  
(Typed or Printed Name)  
  
ASSISTANT SECRETARY  
(Capacity)

10 JUL 19 PM 1:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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