P21000011458

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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TO: Amendment Section Division of Corporations

2027 SEP 26 PM 1: 32

Consumer COntact Funding Corp		SH T	
SUBJECT:	Name of Corporation)		
DOCUMENT NUMBER: P21000011458			
The enclosed Officer/Director Resignation fo	or a Corporation and fe	e are submitted	for filing.
Please return all correspondence concerning t	this matter to the follow	wing:	
Christopher Rapp			
(Name of Person)			
Consumer Contact Funding Corp			
(Name of Firm/Company)			
1000 NW 65th Street Suite 100			
(Address)			
Fort Lauderdale FL 33309			
(City/State and Zip Code)			
For further information concerning this matte	er, please call:		
Christopher Rapp (Name of Person)	954 548-158	30	
(Name of Person)	(Area Code & Day	time Telephone	Number)
Enclosed is a check for \$35.00 made payable	to the Florida Departr	nent of State.	
Mailing Address:	Street Address:		
Amendment Section Division of Corporations	Amendment Se Division of Co		
P.O. Box 6327	The Centre of	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Anthony Marquez	President , hereby resign as	
1,	Titl	le)
Consumer Contact Funding Corp		
(%)	ame of Corporation)	
P21000011458 (Document Number, if known)	, a corporation organized under the laws of the	State of
Florida		
<u> </u>	(Signature of resigning officer/director)	SECRETARY OF CORP
	FILING FEE IS \$35.00	AN IO: 56

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314