P94000060930

(Re	equestor's Name)	
(Address)		
(Address)		
(Cit	ty/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



400329567124

U5/29/19--U1U19--UU3 **35.UU

RECEIVED MAY 28 2019

FILED

2019 MAY 28 AM II: 40
SECREDARY OF STATE



COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: Liberty Finance Company (Name of Corporation) DOCUMENT NUMBER: P94000060930 The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Corinne P. McClure, Senior Paralegal (Name of Person) McGuireWoods LLP (Name of Firm/Company) 50 North Laura Street, Suite 3300 Jacksonville, FL 32202 (City/State and Zip Code) For further information concerning this matter, please call: Corinne McClure at (904)798-3294

(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

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. RAX Co.	•
(1)	ame of Registered Agent)
hereby resigns as Registered Agent for Liberty Fir	nance Company
Hereby resigns as registered regent for	(Name of Corporation)
P94000060930	
(Document Number, if known)	
A copy of this resignation was mailed to the above liste	ed corporation at its last known address.
The agency is terminated and the office discontinued of this statement is filed.	the 31st day after the date on which
Scia O. Jan. (Signature of Resigning)	ng Agent)
If signing on behalf of an entity:	
Lisa O. Taylor	SECRE FALL AHAS
(Typed or Printed N	iame)
President	
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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