## F0600006893

| (Ra                     | equestor's Name)   | · · · · · · · · · · · · · · · · · · · |
|-------------------------|--------------------|---------------------------------------|
| <i>(</i> )              | questor s manne)   |                                       |
| (Δο                     | ldroop)            |                                       |
| (Ac                     | ldress)            |                                       |
|                         |                    |                                       |
| (Ac                     | ldress)            |                                       |
|                         |                    |                                       |
| (Ci                     | ty/State/Zip/Phone | e #)                                  |
|                         | <del></del>        |                                       |
| ☐ PICK-UP               | ☐ WAIT             | MAIL                                  |
|                         |                    |                                       |
| (Ві                     | isiness Entity Nan | ne)                                   |
|                         |                    |                                       |
| (Do                     | cument Number)     |                                       |
|                         |                    |                                       |
| Certified Copies        | Certificates       | of Status                             |
|                         |                    |                                       |
|                         | <u>.</u>           |                                       |
| Special Instructions to | Filing Officer:    |                                       |
|                         |                    |                                       |
|                         |                    |                                       |
|                         |                    |                                       |
|                         |                    |                                       |
|                         |                    |                                       |
|                         |                    |                                       |
| <u> </u>                |                    |                                       |

Office Use Only



500145913465

PA.

resignation

03/20/03--01019--028 \*\*87.50

FILED
2009 MAR 20 PH 12: 13
SECRETARY OF STATE

ADR 3/24/09

## **COVER LETTER**

| TO: Amendment Section Division of Corporations   |
|--|
| SUBJECT: APEX FUNDING, INC.  |
| (Name of Corporation)  |
| DOCUMENT NUMBER: APEX FUNDING, INC.  |
| 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:                        |
| SHARON COOKE   |
| (Name of Person)   |
| PARACORP INCORPORATED  |
| (Name of Firm/Company)   |
| PO BOX 160568  |
| (Address)  |
| SACRAMENTO, CA 95816   |
| (City/State and Zip Code)  |
| For further information concerning this matter, please call:                                     |
| SHARON COOKE  at ( 888 ) 886-7166  (Name of Person) (Area Code & Daytime Telephone Number)       |
| (Name of Person) (Area Code & Daytime Telephone Number)  |
| Fuclosed is a check made payable to the Florida Department of State for \$87.50 for an active co |

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

FILED

## RESIGNATION OF REGISTERED AGENON MAR 20 PM 12: 13 SECRETARY OF STATE TALLAHASSEE. FLORIDA

| Pursuant to the provis                         | ions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,                                       |
|--|---|
| Florida Statutes, the u                        | ndersigned, PARACORP INCORPORATED   |
|  | (Name of Registered Agent)  |
| hereby resigns as Reg                          | istered Agent for APEX FUNDING, INC.  |
|  | (Name of Corporation)   |
| (Document Numb                                 | per, if known)  |
| A copy of this resigna                         | tion was mailed to the above listed corporation at its last known address.                              |
| The agency is termina this statement is filed. | ted and the office discontinued on the 31st day after the date on which  (Signature of Resigning Agent) |
| If signing on behalf of                        | an entity:  |
| N  | INH HO  |
|  | (Typed or Printed Name)   |
| AS   | SST SECRETARY, PARACORP INCORPORATED  |
|  | (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