

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

M2100005112

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : INCORPORATING SERVICES, LTD.
 Account Number : 120050000052
 Phone : (850)656-7956
 Fax Number : (850)656-7953

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

2022 Aug 29 11:12:05

**LLC REGISTERED AGENT RESIGNATION
 ALPHA FUNDING PARTNERS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

SECRETARY OF STATE
 FALL ADMINISTRATIVE PERIOD

2022 AUG 29 PM 3:31

APPROVED
 AND
 FILED

H220002848943
COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALPHA FUNDING PARTNERS LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M21000005112

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Westley Look
Name of Person

Incorporating Services, Ltd.
Name of Firm/Company

3500 S DuPont Highway
Address

Dover, DE 19901
City/State and Zip Code

wlook@incserv.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Westley Look at (302) 531-0703
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H220002848943

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned, Incorporating Services, Ltd., hereby resigns as Name of Registered Agent

Registered Agent for ALPHA FUNDING PARTNERS LLC
Name of Limited Liability Company

M21000005112
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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.

Amanda Archambault
Signature of Resigning Agent

If signing on behalf of an entity:

Amanda Archambault
Typed or Printed Name
Assistant Secretary
Capacity

2022 AUG 29 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APPROVED
AND
FILED

FILING FEES:

- \$ 85.00 Active limited liability company
- \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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