

M020000000267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

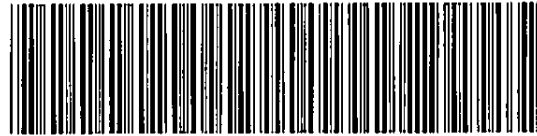
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000452485980

FILED

2025 JUN 18 PM 12:10

MASSACHUSETTS

FILED

2025 JUN 18 PM 3:40

MASSACHUSETTS

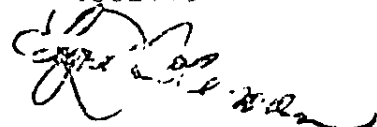
CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 100237 4382779

AUTHORIZATION :

COST LIMIT : \$ 25.0



ORDER DATE : April 1, 2025

ORDER TIME : 1:04 PM

ORDER NO. : 100237-060

CUSTOMER NO: 4382779

FOREIGN FILINGS

NAME: CREDIT SUISSE PREMIUM FINANCE
LLC

____ CORPORATE
____ LIMITED PARTNERSHIP
____ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF STATUS

CONTACT PERSON: Shauna Godbolt - EXT#

EXAMINER: _____

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Credit Suisse Premium Finance LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

01/30/2002

(Date registered with Florida Department of State)

M02000000267

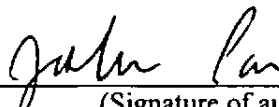
(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.


(Signature of authorized representative)

Joshua Papir

(Typed or printed name of signee)

FILED
2025 JUN 18 PM 12:10
DEPARTMENT OF STATE
TALLAHASSEE FL 32310

Filing Fee: \$25.00