

M17000003595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

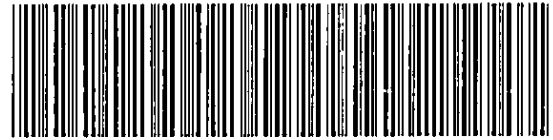
(Business Entity Name)

(Document Number)

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2020 JAN 16 AM 8:29  
SECRETARY OF STATE  
TALLAHASSEE, FL

20 JAN 16 AM 9:58

O SIMMONS  
JAN 17 2020

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

ACCOUNT NO. : I20000000195  
REFERENCE : 142530 7864759  
AUTHORIZATION :   
COST LIMIT : \$ 2500

ORDER DATE : January 15, 2020  
ORDER TIME : 9:15 AM  
ORDER NO. : 142530-005  
CUSTOMER NO: 7864759

FOREIGN FILINGS

NAME: CHRISTENSEN FINANCING, 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: Kadesha Roberson - EXT#

EXAMINER: \_\_\_\_\_



**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

Christensen Financing, LLC

\_\_\_\_\_  
(Name of limited liability company)

TN

\_\_\_\_\_  
(Jurisdiction of its organization)

4/27/17

\_\_\_\_\_  
(Date registered with Florida Department of State)

M17000003595

\_\_\_\_\_  
(Florida Document Number)

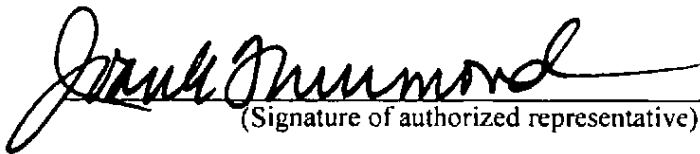
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This limited liability company is withdrawing its certificate of authority in this state.

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)

Joan E. Thurmond, Assistant Secretary

\_\_\_\_\_  
(Typed or printed name of signee)

**Filing Fee: \$25.00**