## **2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000015959

**Entity Name: FLEXENTIAL FINANCING LLC** 

**Current Principal Place of Business:** 

600 FOREST POINT CIRCLE, STE. 100

CHARLOTTE. NC 28273

**Current Mailing Address:** 

600 FOREST POINT CIRCLE, STE. 100 CHARLOTTE. NC 28273 US

FEI Number: 36-5001705 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title CEO Title VPOT

Name DOWNIE, CHRISTOPHER W Name JOHNSON, JILL

Address 600 FOREST POINT CIRCLE, STE. 100 Address 600 FOREST POINT CIRCLE, STE. 100

City-State-Zip: CHARLOTTE NC 28273 City-State-Zip: CHARLOTTE NC 28273

Title CFO Title SECRETARY

Name WILLIAMS, GARTH Name SMOLEN, DAVID

Address 600 FOREST POINT CIRCLE, STE. 100 Address 188 THE EMBARCADERO

SUITE 700

City-State-Zip: CHARLOTTE NC 28273 City-State-Zip: SAN FRANCISCO CA 94105

Title GENERAL COUNSEL

Name MEGAN, FINE

Address 600 FOREST POINT CIRCLE, STE. 100

City-State-Zip: CHARLOTTE NC 28273

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JILL R JOHNSON

Electronic Signature of Signing Authorized Person(s) Detail

**VP OF TAXATION** 

04/21/2023

FILED Apr 21, 2023

**Secretary of State** 

7736965769CC

Date

Date