

MD10000001386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

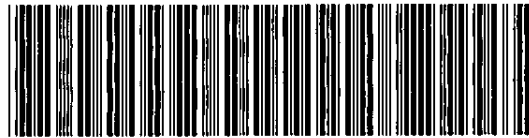
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B. KOHR

OCT 10 2011

EXAMINER



300213044953

RECEIVED
11 OCT -7 PM 4:15
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT -7 AM 9:45



CORPORATION SERVICE COMPANY'

ACCOUNT NO. : I20000000195

REFERENCE : 939267 7286385

AUTHORIZATION :

COST LIMIT : \$ 25.00

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
11 OCT -7 AM 9:45

ORDER DATE : October 7, 2011

ORDER TIME : 3:46 PM

ORDER NO. : 939267-005

CUSTOMER NO: 7286385

FOREIGN FILINGS

NAME: QUANTRIX CREDIT SERVICES, 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: Becky Peirce - EXT#

EXAMINER: _____

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN
FLORIDA**

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
11 OCT -7 AM 9:45

Quantrix Credit Services, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

M01000001386

(Florida Document Number)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

4 First American Way

(Mailing address)

Santa Ana, California 92707

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.



10/6/11

(Signature of member or authorized representative of a member)

Corinna Cherian

(Typed or printed name of signee)

Filing Fee: \$25.00