

M01000001710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

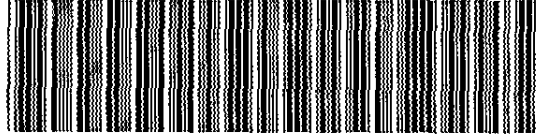
(Business Entity Name)

(Document Number)

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FILED  
03 OCT -3 PM 12:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
03 OCT -3 AM 10:48  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: 072100000032

REFERENCE: 9607946-9

DATE: 10/3

REQUESTOR NAME: CSC (LEXIS)

1201 HAYS STREET  
TALLAHASSEE FL 32301  
521-0821 x1138

CONTACT NAME: CYNTHIA WOODYARD

CORPORATION NAME: Solution Provider Finance, LLC

DOCUMENT NUMBER: \_\_\_\_\_

AUTHORIZATION: Patricia Pizzuto

CERTIFIED COPY

CERTIFICATE OF STATUS

PLAIN STAMPED COPY

FILED  
03 OCT -3 PM 12:56  
TALLAHASSEE FLORIDA

Withdrawal  
25.00

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

FILED  
OCT -3 PM 12:54  
TALLAHASSEE, FLORIDA

Solution Provider Finance LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

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.

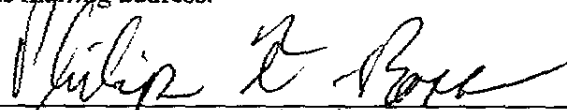
1301 Dove Street, Suite 750

(Mailing address)

Newport Beach, CA 92660

(City/State/Zip)

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



(Signature of member or authorized representative of a member)

PHILIP T. ROSS

(Typed or printed name of signee)

**Filing Fee: \$25.00**