M11000005256

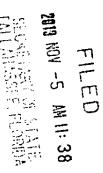
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		·

Office Use Only



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COVER LETTER

Division of Corporations		
SUBJECT: CFAM Credit Solu	tion, LLC	,
CODUCE:	Limited Liability C	
Dear Sir or Madam:		
The enclosed withdrawal and fee(s) are submitted for	filing.	
Please return all correspondence concerning this matt	er to the following:	
Paul Jackson		
(Name of Person)		
(Name of Ferson)		
CFAM Credit Solutions,	LLC	
(Firm/Company)		
	050	
8333 Douglas Ave. Suite	e 950	
(Address)		
Dallas, TX 75225		
(City/State and Zip Code)		
For further information concerning this matter, please	e call:	
	0.4.4	265 4042
Paul Jackson	_ at (214) 365-4842 Daytime Telephone Number)
(Name of Person)	(Area Code &	Daytime Telephone Number)
STREET/COURIER ADDRESS:		ING ADDRESS:
Registration Section Registration Section Division of Corporations Division of Corporations		
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallah	assee, Florida 32314
Enclosed is a check for the following amount:		
□ \$25 Filing Fee ■ \$30 Filing Fee & □ Certificate of Status	\$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy

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

CFAM Credit Solutions, LLC	
(Name of limited liability company)	
Texas	
(Jurisdiction of its organization)	
M1100005256	
(Florida Document Number)	
This limited liability company is no longer transacting business in Florida and surrende authority to transact business in this state.	rs its
This limited liability company revokes the authority of its registered agent to accept service of behalf and appoints the Department of State as its agent for service of process based on a of action arising during the time it was authorized to transact business in Florida.	on its cause
8333 Douglas Ave, Suite 950	
(Mailing address)	
Dallas, TX 75225	
(City/State/Zip)	
The limited liability company agrees to notify the Department of State in the future of any chin its mailing address.	nange
(Signature of member or authorized representative of a member)	2
Paul Jackson	NON STIES
(Typed or printed name of signee)	FILED.

Filing Fee: \$25.00