

M97000000809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

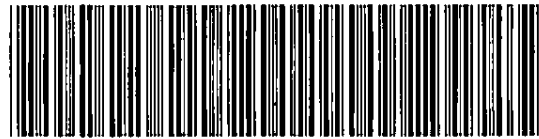
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900305752959

FILED

17 NOV 16 AM 8:20

ST. PETERSBURG, FL  
TALAMON, SEAN

J. LEGGETT  
NOV 17 2017

NOV 17 2017

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

ACCOUNT NO. : I20000000195

REFERENCE : 917764 4347023

AUTHORIZATION :



COST LIMIT : \$ 25.00

-----  
ORDER DATE : November 16, 2017

ORDER TIME : 12:13 PM

ORDER NO. : 917764-010

CUSTOMER NO: 4347023  
-----

FOREIGN FILINGS

NAME: FAIRFIELD FINANCIAL LLC, WHICH  
DOES BUSINESS IN FLORIDA AS  
FAIRFIELD FINANCIAL OF TEMPLE

CORPORATE  
LIMITED PARTNERSHIP  
XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF STATUS

CONTACT PERSON: Roxanne Turner - EXT#

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

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Fairfield Financial LLC, which does business in Florida as Fairfield Financial of Temple Terrace, LLC

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

Delaware

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

12/03/1997

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

M9700000809

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

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.

By: FF PROPERTIES, INC.,  
a Delaware corporation,  
Manager

By: 

\_\_\_\_\_  
(Signature of authorized representative)

Andrew Hinkelman, President

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

FILED  
17 NOV 16 AM 8:20  
STATE OF FLORIDA  
TALLAHASSEE

Filing Fee: \$25.00