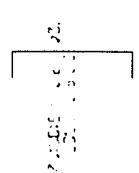
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State of Rhode Island **Department of State - Business Services Division**



Application for Certificate of Withdrawal

FOREIGN Business Corporation

→ Flling Fee: \$50.00

Pursuant to the provisions of RIGL 7-1,2-1412 and 7-1,2-1413, the undersigned corporation hereby applies for a Certificate of Withdrawal from the State of Rhode Island, and for that purpose submits

rie ioliowing statement:		
1. Entity ID Number:	2. The name of the corporation is:	
000794398	Flagship Credit Auto Trust 2013-1	
3. It is incorporated under the law	s of: Delaware	
4. The corporation is not trasacting	g business in this state and surrenders its authority to trans	sact business in this state.
process in any action, suit, or pro	igistered agent in this state to accept service of process, ar ceeding based upon any cause of action arising in this stat insact business in this state may subsequently be made on the of the State of Rhode Island.	e during the time the
6. The post office address to whice corporation that is served on the 3 Christy Drive, Suite 201, Co.		of process against the
7.The corporation certifies that it is	has no outstanding tax obligations. As required by RIGL § 7	7-1.2-1413, the corporation has
paid all fees and taxes. [Note: Tax status can be verified by emailing tax.collections@tax.ri.gov.]		
8. If the corporation is in the hand on behalf of the corporation by the	is of a receiver or trustee, this Application for Certificate of the receiver or trustee.	Withdrawal must be executed
9. Date when this certificate of withdrawal will be effective: CHECK ONE BOX ONLY		
Date received (Upon filing) Later effective date (Date mu	ust be no more than 90 days from the date of filing)	
10. Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Withdrawal, including any accompanying attachments, and that all statements contained herein are true and correct.		
Type or Print Name of Authorized Off	icer	Date
Kenneth J. Sicinski		March 28, 2024
Signature of Authorized Officer of the	Corporation	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2815

Phone: (401) 222-3040 Website: www.sos.ri.gov

FILED

APR 2 4 2024

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.rl.gov.

FORM 154 - Revised: 12/2023

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I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

April 24, 2024 10:25 AM

Gregg M. Amore Secretary of State

Tregs M. Coure

