

F07000003770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

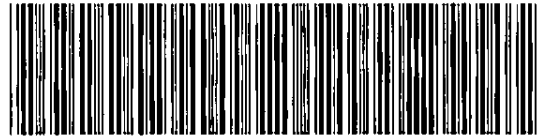
(Document Number)

Certified Copies _____

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Withdrawal

FILED

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RECEIVED

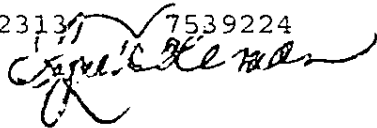
2023 OCT 13 AM 11:36

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

A. RAMSEY

OCT 16 2023

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

ACCOUNT NO. : I20000000195
REFERENCE : 98231317539224
AUTHORIZATION : 
COST LIMIT : \$ 35.00

ORDER DATE : September 12, 2023
ORDER TIME : 9:10 AM
ORDER NO. : 982313-050
CUSTOMER NO: 7539224

FOREIGN FILINGS

NAME: HOME POINT FINANCIAL
CORPORATION

XX CORPORATE
 LIMITED PARTNERSHIP
 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: Eyliena Baker - EXT#

EXAMINER: _____

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

Home Point Financial Corporation

(Name of Corporation)

F07000003770

(Document Number of Corporation (if known))

New Jersey 07/26/2007

(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

FILED
2023 OCT 13 AM 10:21
CLERK OF COURT
STATE OF FLORIDA

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida 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 or conduct affairs in Florida.

The following is a current mailing address for the corporation:

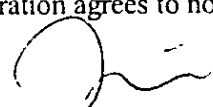
c/o Corporate Secretary, 8950 Cyprus Waters Blvd.

(Mailing Address)

Coppell, TX 75019

(City/ State /Zip)

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


(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Lisa Lykins

(Typed or printed name of person signing)

09/27/2023

(Date)

Assistant Secretary

(Title of person signing)

FILING FEE \$35