M2100000 3900

| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| | | | |
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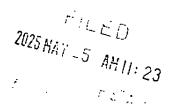
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : I2000000195 | | | | |
|---|--|--|--|--|
| REFERENCE : 090836 8330622 | | | | |
| AUTHORIZATION : | | | | |
| COST LIMIT : \$ 25,00 | | | | |
| ORDER DATE : March 31, 2025 | | | | |
| ORDER TIME : 2:16 PM | | | | |
| ORDER NO. : 090836-055 | | | | |
| CUSTOMER NO: 8330622 | | | | |
| | | | | |
| <u>FOREIGN FILINGS</u> | | | | |
| | | | | |
| NAME: INTEREST MORTGAGE, L.L.C. | | | | |
| | | | | |
| CORPORATE LIMITED PARTNERSHIP | | | | |
| LIMITED LIABILITY COMPANY | | | | |
| XXXX WITHDRAWAL/CANCELLATION | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | |
| CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF STATUS | | | | |

EXAMINER: ____

CONTACT PERSON: Shauna Godbolt - EXT#



NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| Interest Mortgag | e, L.L.C. | |
|---|--|---|
| | (Name of limited liability company) | |
| Delaware | | |
| <u> </u> | (Jurisdiction of its organization) | |
| 04/05/2021 | | |
| | (Date registered with Florida Department of State) | |
| M21000003900 | | |
| | (Florida Document Number) | |
| Effective Date, (If an effective more than 90 da Note: If the dat | if other than the date of filing: date is listed, the date must be specific and cannot be prior to date ays after filing.) e inserted in this block does not meet the applicable statutory filing to be listed as the document's effective date on the Department of S | _ (optional) of filing or g requirements, |
| - | (Signature of authorized representative) | - |
| | Matthew McCallan | |
| - | (Typed or printed name of signee) | _ |

Filing Fee: \$25.00