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(Business Entity Name)

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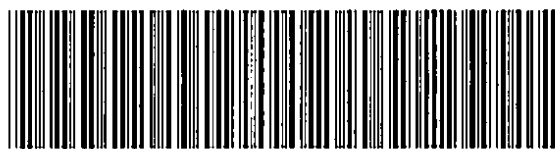
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**DATE: 09/22/22**

**NAME: REESESQUARED MORTGAGE, INC.**

**TYPE OF FILING: WITHDRAWAL**

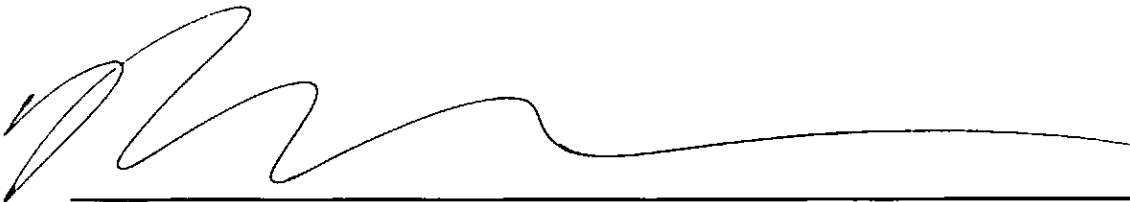
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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations  
ReeseSquared Mortgage, Inc.

**SUBJECT:** \_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elizabeth Reese

\_\_\_\_\_  
(Name of Person)

ReeseSquared Mortgage, Inc.

\_\_\_\_\_  
(Firm/Company)

1000 Belmont Ln

\_\_\_\_\_  
(Address)

Tracy CA 95377

\_\_\_\_\_  
(City/State and Zip code)

For further information concerning this matter, please call:

Elizabeth Reese

209

640-1710

\_\_\_\_\_  
(Name of Person) at (\_\_\_\_\_) \_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>Enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status & Certified<br>Copy (Additional copy is enclosed) |
|--|--|---|---|

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

ReeseSquared Mortgage, Inc.

\_\_\_\_\_  
(Name of Corporation)

\_\_\_\_\_  
(Document Number of Corporation (if known))

CA 9/10/2018

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

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:

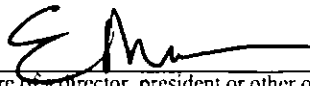
1000 Belmont Ln.

\_\_\_\_\_  
(Mailing Address)

Tracy, CA 95377

\_\_\_\_\_  
(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)

Elizabeth Reese

\_\_\_\_\_  
(Typed or printed name of person signing)

9/21/2022

\_\_\_\_\_  
(Date)

Broker

\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**

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2022 SEP 22 AM 10:22  
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STATE  
TALLAHASSEE  
FL

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(Name of Person) at (\_\_\_\_\_) \_\_\_\_\_  
(Area Code & Daytime Telephone Number)

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