

# M110000005166

\_\_\_\_\_  
(Requestor's Name)

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

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

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

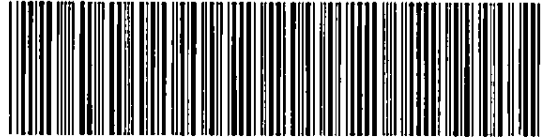
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300422715173

FILED

2024 APR 15 AM 9:37

CLERK OF COURT  
TALLAHASSEE, FLORIDA

RECEIVED

2024 APR 15 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I20000000195

REFERENCE : WD-5343

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE : 04/12/2024

ORDER TIME :

ORDER NO. :

CUSTOMER NO:

FOREIGN FILINGS

NAME: Angel Oak Home Loans LLC

☐ 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

CONTACT PERSON: AMANDA MILLER

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

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Angel Oak Home Loans LLC  
\_\_\_\_\_  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leonie Allen

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

Angel Oak Home Loans LLC

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

980 Hammond Drive Suite 850B

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

Atlanta, GA 30328

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

For further information concerning this matter, please call:

Leonie Allen

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

404

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

(Area Code & Daytime Telephone Number)

637-0435

**Mailing Address:**

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

**Street Address:**

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

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Angel Oak Home Loans LLC

(Name of limited liability company)

Georgia

(Jurisdiction of its organization)

10/14/2011

(Date registered with Florida Department of State)

M11000005166

(Florida Document Number)

FILED  
2024 APR 15 AM 9:37  
TALLAHASSEE, FLORIDA

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: 04/10/2024 (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.

*Leonie Allen*

(Signature of authorized representative)

Leonie Allen

(Typed or printed name of signee)

**Filing Fee: \$25.00**