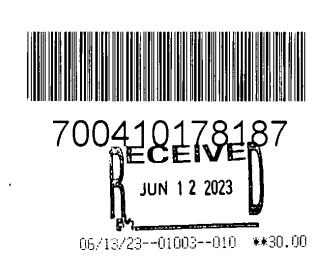
HBOXXX 1552

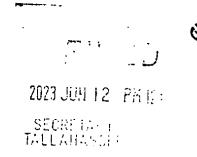
| (Requestor's Name) | |
|---|---------------------------|
| (Nequestors Name) | |
| | |
| (Address) | |
| | |
| (Address) | |
| | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT | MAIL |
| FICK-OF WATT | IVIAIC |
| | |
| (Business Entity Name) | |
| | |
| (Document Number) | |
| | |
| Certified Copies Certificates of | Status |
| | |
| Special Instructions to Filing Officer: | J. HORN = AUG - 1 2023 |
| | J. M.C. 1023 |
| | AUG - 1 202 |
| RECEIVER | |
| | |
| ¥ JUN 1 2 2023 | |
| | |
| | |

Office Use Only



2023 JUN 12 PAIR
SECRETABLES

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| Interlink Financial Services L.L.C. |
|--|
| (Name of limited liability company) |
| Utah |
| (Jurisdiction of its organization) |
| 03/08/2013 |
| (Date registered with Florida Department of State) |
| M13000001552 |
| (Florida Document Number) |
| This limited liability company is withdrawing its certificate of authority in this state. Effective Date, if other than the date of filing: |
| Pier Swider 188402607298418 (Signature of authorized representative) |
| Pier Snider |
| (Typed or printed name of signee) |

Filing Fee: \$25.00

COVER LETTER

| TO: Registration Division of | i Section Corporations | | |
|---------------------------------------|--|--------------------------------------|--|
| Aztec SUBJECT: | Financial, LLC | | |
| SUBJECT: | (Name of For | eign Limited Liability | Company) |
| Dear Sir or Madam: | | | |
| The enclosed withdra | awal and fee(s) are submitte | d for tiling. | |
| Please return all corr | espondence concerning this | matter to the followin | g: |
| Wendy Doose | | | |
| | (Name of Person) | | _ |
| Aztec Financial, LI | _C | | |
| · · · · · · · · · · · · · · · · · · · | (Firm/Company) | | _ |
| 601 Merritt 7, Suite | e 5 | | |
| | (Address) | | _ |
| Norwalk, CT 0685 | 1 | | |
| | (City/State and Zip Cod | e) | a- |
| For further informati | on concerning this matter, p | lease call: | |
| Wendy Doose | | 385 at (| 215-3199 |
| (Na | ame of Person) | | & Daytime Telephone Number) |
| Division of P.O. Box | on Section of Corporations | | 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 |