

M15000007569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

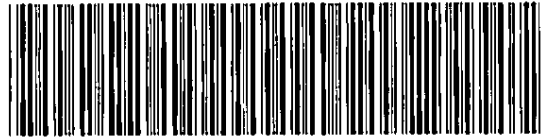
(Business Entity Name)

(i) Document Number

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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MAR 16 AM 8:24
STATE
SECRET

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MAR 16 PM 2:11
CANADA

Y. S. KEE
MAR 17 2021

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

ACCOUNT NO. : I20000000195

REFERENCE : 701374 8006743

AUTHORIZATION :

[Signature]

COST LIMIT : \$25,000

ORDER DATE : March 11, 2021

ORDER TIME : 10:21 AM

ORDER NO. : 701374-005

CUSTOMER NO: 8006743

FOREIGN FILINGS

NAME: HOME PARTNERS GA 2015 LLC

____ CORPORATE
____ LIMITED PARTNERSHIP
XX 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: Alexxis Weiland - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Home Partners GA 2015 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:

Jonathan Babb

(Name of Person)

(Firm/Company)

120 S Riverside Plaza, Suite 2000

(Address)

Chicago, IL 60606

(City/State and Zip Code)

For further information concerning this matter, please call:

Jonathan Babb

(Name of Person)

877 234-5155
at (_____) _____
(Area Code & Daytime Telephone Number)

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:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55 Filing Fee & Certified Copy | <input type="checkbox"/> \$60 Filing Fee, Certificate of Status & Certified Copy |
|---|---|--|--|

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Home Partners GA 2015 LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

September 22, 2015

(Date registered with Florida Department of State)

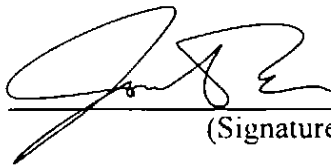
M15000007569

(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: _____ (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.



(Signature of authorized representative)

Jonathan Babb

(Typed or printed name of signee)

SEP 23 2015 AM 8:24
STATE
DOCS.FL
ED

Filing Fee: \$25.00