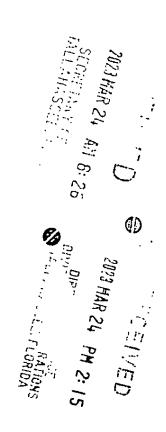
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
ec Copies Certificates of Status
Hatructions to Filing Officer:
J. HORNE
MAR 2 7 2023

Office Use Only



300405302603



CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

CONTACT PERSON: Eyliena Baker - EXT#

Phone: 850-558-1500

			А	CCOUNT	NO.	:	120000	00019	95		
				REFERI	ENCE	:	412180)	811673	31	
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<u>xxxx</u> w:	THDR.	AWA	L/CAN	CELLAT	ON						
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EXAMINER:

COVER LETTER

TO:	Registration Se Division of Co	ection orporations		
ar / D F	Promont	ory MortgagePath LLC		
SUBJI	ECT:	(Name of Foreig	n Limited Liability Co	ompany)
	Sir or Madam:			
The er	closed withdraw	val and fee(s) are submitted for	or filing.	
Please	return all corres	spondence concerning this ma	atter to the following:	
		(Name of Person)		
		(Firm/Company)		
		(Address)		
		(1.00.000)		
		(g) (n Code)		
		(City/State and Zip Code)	•	
For f	urther information	on concerning this matter, ple	ease call:	
_	O.I.	ame of Person)	at ((Area Code &	Daytime Telephone Number)
	(14)	ine of reison)	•	
	Mailing Ad			Street Address:
	Registrati	on Section	Registration Section Division of Corporations	
	Division of P.O. Box	of Corporations	The Centre of Tallahassee	
		ee, FL 32314	2415 N. Monroe Street, Suite 810	
	14.14.140			Tallahassee, FL 32303
Enc	losed is a check	for the following amount:		
		□ \$30 Filing Fee &	□\$55 Filing Fee &	□ \$60 Filing Fee,
L.)	\$25 Filing Fee	Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

Allow And Section 26

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Promontory MortgagePath LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
01/10/2017
(Date registered with Florida Department of State)
M17000000258
(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: (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.
Cindy Corsaro Cindy Corsaro
(Typed or printed name of signee)

Filing Fee: \$25.00