## M18000007379

| (R                      | tequestor's Name)   |           |
|-------------------------|---------------------|-----------|
| (A                      | ddress)             |           |
| (A                      | ddress)             | · ·       |
| (C                      | ity/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT              | MAIL      |
| (B                      | lusiness Entity Nar | ne)       |
| (D                      | ocument Number)     |           |
| Certified Copies        | Certificates        | of Status |
| Special Instructions to | Filing Officer:     |           |
|                         |                     |           |
|                         |                     |           |
|                         |                     |           |

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| 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500   |
|--|
| ACCOUNT NO. : 12000000195                                    |
| REFERENCE : 352011 4342390                                   |
| AUTHORIZATION : Januar Bl                                    |
| COST LIMIT : (\$\frac{25.00}{25.00}                          |
| ORDER DATE : December 28, 2021                               |
| ORDER TIME : 2:12 PM   |
| ORDER NO. : 352011-040                                       |
| CUSTOMER NO: 4342390   |
| FOREIGN FILINGS  NAME: MORTGAGE ASSETS MANAGEMENT LLC        |
| CORPORATE LIMITED PARTNERSHIP XXX 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:

CORPORATION SERVICE COMPANY

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| Mortgage Assets Management, LLC  |  |                 |
|--|--|-----------------|
| (Name of limited liability company)  |  |                 |
| Delaware   |  |                 |
| (Jurisdiction of its organization)   |  |                 |
| 08/09/2018   |  |                 |
| (Date registered with Florida Department of State)   |  | <del> </del>    |
| M18000007379   |  |                 |
| (Florida Document Number)  |  | <u> </u>        |
| 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 da more than 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable statutory fil this date will not be listed as the document's effective date on the Department of the date of the d | ing requi                                    | ng or irements, |
| Jeffrey Baker  (Typed or printed name of signee)   | — (A) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C | 2022 JAN -3 AH  |
| (1 yped of printed fiame of signee)  |  | 연<br>일          |
| (Typed of printed flame of signee)   |  | 8: 38           |

Filing Fee: \$25.00