

MI9000008248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

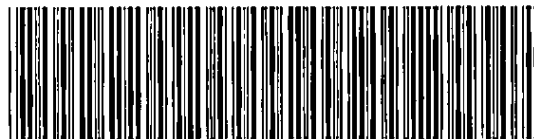
(Document Number)

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2022 APR 21 AM 9:06 2022 APR 21 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: **April 20, 2022**

Account#: I20000000088

Name: **GREG PINTACUDA**

Reference #: **1652696**

Entity Name: **MARLIN MORTGAGE LENDING, LLC**

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☒ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: **\$25**

Signature: 



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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

MARLIN MORTGAGE LENDING, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

08/22/2019

(Date registered with Florida Department of State)

M19000008248

(Florida Document Number)

FILED
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TALLAHASSEE, FLORIDA

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.

/s/ Andrew T. Weber

(Signature of authorized representative)

Andrew T. Weber

(Typed or printed name of signee)

Filing Fee: \$25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARLIN MORTGAGE LENDING, 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:

(Name of Person)

Marlin Mortgage Capital, LLC

(Firm/Company)

646 2nd Ave S

(Address)

Saint Petersburg, FL 33701

(City/State and Zip Code)

For further information concerning this matter, please call:

Andrew T. Weber

(Name of Person)

at (_____) _____

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

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