

Ma 00000003238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

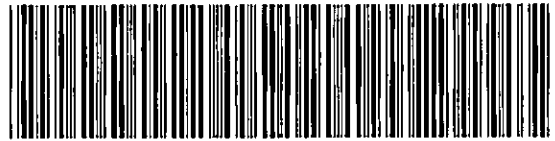
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
MAR 14 2023

Office Use Only

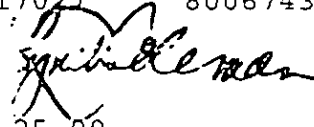


800403902568

2023 MAR 13 AM 10:13
STATE OF ALABAMA
J. HORNE

2023 MAR 13 PM 3:27
RECEIVED
ALABAMA SECRETARY OF REVENUE

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

ACCOUNT NO. : I20000000195
REFERENCE : 517027 8006743
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : February 22, 2023
ORDER TIME : 1:49 PM
ORDER NO. : 517027-390
CUSTOMER NO: 8006743

FOREIGN FILINGS

NAME: HPA BORROWER 2020-2 ML LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HPA BORROWER 2020-2 ML 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)

hpa BORROWER 2020-2 ML LLC

(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:

_____ at (_____) _____
(Name of Person) (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 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 |
|------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------|

2023 MAR 13 AM 10:13
SECRET
FALL 2023

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

HPA BORROWER 2020-2 ML LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

March 24, 2020

(Date registered with Florida Department of State)

M20000003238

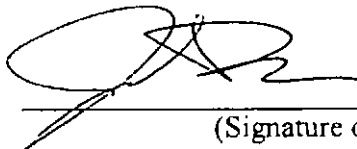
(Florida Document Number)

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 C. Babb

(Typed or printed name of signee)

Filing Fee: \$25.00