## 422000000260

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Account#: 120000000088

Date: March 14, 2023	Account#: 120000000088
Name: James Brodbeck	
Reference #:	
Entity Name: HOMEPATIBLE LLC	<u>c</u>
Articles of Incorporation/Authorization to Trans	act Business
☐ Amendment	
Change of Agent	
Reinstatement	
Conversion	
☐ Merger	
✓ Dissolution/Withdrawal	
Fictitous Name	
Other	
Authorized Amount: \$25.00	_
Signature: And Andrews	-

## **COVER LETTER**

TO: Registration Division of	Section Corporations				
SUBJECT:	Homepatible LLC				
3003ECT	(Name of Foreign Limited Liability Company)				
Dear Sir or Madam:					
The enclosed withdra	iwal and fee(s) are submitte	d for filing.			
Please return all corr	espondence concerning this	matter to the following:			
	Eileen C. Downes				
	(Name of Person)				
Katt	en Muchin Rosenma	n LLP			
	(Firm/Company)				
52	5 W Monroe St Ste	1900			
-	(Address)				
	Chicago, IL 60661				
	(City/State and Zip Cod	c)			
For further information	on concerning this matter, p	lease call:			
Eile	en C. Downes	at ( 312 )	577-8215		
(Ne	ime of Person)	(Area Code &	Daytime Telephone Number)		
Registration Division of Clifton Buil 2661 Execu	Corporations	ion Registration Section orations Division of Corporations P.O. Box 6327 Center Circle 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		

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

	Homepatible LLC	
	(Name of limited liability company)	
	Delaware	
	(Jurisdiction of its organization)	
	1/3/2022	
	(Date registered with Florida Department of State)	
	M2200000260	
	(Florida Document Number)	
This limited liabi	lity company is withdrawing its certificate of authority in	this state.
(If an effective da more than 90 day <b>Note:</b> If the date	Tother than the date of filing:	ry filing requirements,
	Matthew Palmieri	
<del></del>	(Signature of authorized representative)	<del></del>
_	Matthew Palmieri	
	(Typed or printed name of signee)	BESTER IL PHIZ: IT

Filing Fee: \$25.00