00013686

(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:

Office Use Only



100436486571

2024 OCT -1 AH 10: 23

RECEIVED





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:10	0/01/2024	
	Cheyanne Davis	_
Reference #:	2269282	_
Entity Name:	LIVIAN M	ORTGAGE, LLC
	of Incorporation/Authorization	
Amendm	ent	
☐ Change	of Agent	
Reinstate	ement	
Convers	on	
Merger		
Dissoluti	on/Withdrawal	
Fictitious	Name	
Other		
Authorized Amo	ount: \$25.00	
Signature:	Chyma Paire	

Registration Section

TO:

COVER LETTER

Division of	f Corporations			
SUBJECT: LIVIAN MORTGAGE, LLC				
	(Name of Fo	reign Limited Liability	Company)	
Dear Sir or Madam:				
The enclosed withdi	rawal and fee(s) are submitte	ed for filing.		
Please return all cor	respondence concerning this	smatter to the following	:	
	(Name of Person)		-	
L	IVIAN MORTGAGE,	LLC		
	(Firm/Company)		-	
55	55 Parkcenter Cir Ste	e 102,		
	(Address)		•	
	Dublin, OH 43017			
	(City/State and Zip Coo	le)	-	
For further informat	ion concerning this matter, p	olease call:		
	cca Shanahan	at (<u>978</u>		
()	ame of Person)	(Area Code &	Daytime Telephone Number)	
Registratio Division of Clifton Bui 2661 Exect Tallahassec	Corporations Iding ative Center Circle r, Florida 32301	Regist Divisie P.O. B Tallah	ANG ADDRESS: ration Section on of Corporations Box 6327 assee, Florida 32314	
Enclosed is a check	for the following amount:			
□ \$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy	



LIVIAN MORTGAGE, LLC
(Name of limited liability company)
DE
(Jurisdiction of its organization)
08/26/2022
(Date registered with Florida Department of State)
M22000013686
(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:
(Signature of authorized representative) Becca Shanahan
(Typed or printed name of signee)

Filing Fee: \$25.00