

M220000 H245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

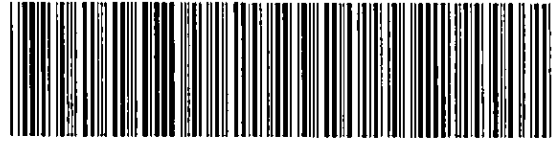
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Special Instructions to Filing Officer:

J. HORNE
JUN - 6 2024

Office Use Only




800431018098

FILED

2024 JUN 5 AM 9:49

RECEIVED
JUN-5 AM 11:28
PROFESSIONAL
REGISTERED ACCOUNTANT

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

ACCOUNT NO. : I20000000195
REFERENCE : 477201-8006743
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : May 24, 2024
ORDER TIME : 9:21 AM
ORDER NO. : 477201-020
CUSTOMER NO: 8006743

FOREIGN FILINGS

NAME: SFR BORROWER 2022-2 LLC

____ CORPORATE
____ LIMITED PARTNERSHIP
XX 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: Amanda Miller - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SFr Borrower 2022-2 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)

(Firm/Company)

(Address)

(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:

- \$25 Filing Fee \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy

FILED
2024 JUN -5 AM 9:50
STATE OF FLORIDA
DEPARTMENT OF STATE

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

SFr Borrower 2022-2 LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

9/13/2022

(Date registered with Florida Department of State)

M22000014245

(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.

Panee B. Segal

(Signature of authorized representative)

Panee B. Segal

(Typed or printed name of signee)

Filing Fee: \$25.00

CSC 477201 020

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