

M23000006110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

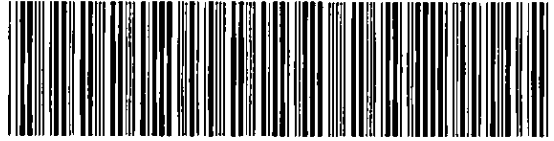
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

J. HORNE
NOV 12 2024

Office Use Only



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FILED

2024 NOV -8 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2024 NOV -8 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FL

J. Horne 11/12/24

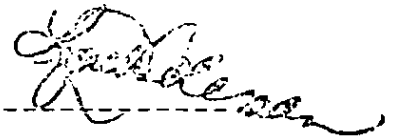
CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 733021 8331866

AUTHORIZATION :

COST LIMIT : \$ 25.00



ORDER DATE : October 30, 2024

ORDER TIME : 11:36 AM

ORDER NO. : 733021-465

CUSTOMER NO: 8331866

FOREIGN FILINGS

NAME: WRITE BORROWER 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: Amanda Miller - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Write Borrower 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:

- | | | | |
|--|---|--|--|
| <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 |
|--|---|--|--|

FILED
2024 NOV -8 AM 11:40
STATE
FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Write Borrower LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

05/10/2023

(Date registered with Florida Department of State)

M23000006160

(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.

/s/ MELANIE MARTIN

(Signature of authorized representative)

Melanie Martin, Authorized Representative

(Typed or printed name of signee)

CSC 733021

Filing Fee: \$25.00