RI SOS Filing Number: 202336839330 Date: 6/15/2023 2:16:00 PM



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## **Certificate of Cancellation**

**FOREIGN Limited Liability Company** 

→ Filing Fee: \$75.00

| Pursuant to the provisions of RIGL hereby cancels its registration to trepurpose submits the following state   | . <u>7-16-53</u> , the undersigned foreign limited liability company ransact business in the State of Rhode Island, and for that ement: |                                |
|--|---|--------------------------------|
| 1. Entity 1D Number:   | 2. The name of the limited liability company is:  |                                |
| 001697768  | RESI REO SUB, LLC   |                                |
| 3. It is organized under the laws of:  Delaware  |   |                                |
| 4. The entity is not transacting business in this state and surrenders its authority to transact business in this state.   |   |                                |
| 5. It revokes the authority of its agent, to accept service of process and consents that service of process in any action, suit or proceeding arising out of the transaction of business in the state of Rhode Island, may thereafter be made on the limited liability company by service thereof on the Department of State of the State of Rhode Island. |   |                                |
| 6. The post office address to which the Department of State may mail a copy of any process against the limited liability company that may be served on him or her is:  7500 N. Dobson Rd., Suite 300, Scottsdale, AZ 85256   |   |                                |
| 7. The limited liability company certifies that it has no outstanding tax obligations. As required by RIGL <u>7-16-8</u> , the limited liability has paid all fees and taxes. [Note: tax status can be verified by emailing tax.collections@tax.ri.gov.]   |   |                                |
| 8. Date when the Cancellation will be effective: CHECK ONE BOX ONLY  |   |                                |
| ☑ Date received (Upon filing)  |   |                                |
| Later effective date (Date must be no more than 90 days from the date of filing)   |   |                                |
| Under penalty of perjury, I declare<br>all statements contained herein a   | e and affirm that I have examined this Certificate of Cancella<br>re true and correct.  | ntion of Registration and that |
| Type or Print Name of Authorized Person  |   | Date                           |
| Brian Buffington   |   | 06/12/2023                     |

MAIL TO:

**Division of Business Services** 

Signature of Authorized Person

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 15-2023 77 7 7 1 1 6

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I, GREGG M. AMORE, Secretary of State of the State of Rhode Island, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

June 15, 2023 02:16 PM

Gregg M. Amore

Secretary of State

Tregs M. Coure

