RI SOS Filing Number: 202458658590 Date: 8/8/2024 12:30:00 PM



Department of State - Business Services Division

Certificate of Cancellation

FOREIGN Limited Liability Company

→ Filing Fee: \$75.00

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Pursuant to the provisions of <u>RIGL 7-16-53</u>, the undersigned foreign limited liability company hereby cancels its registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

dipose scomiks the following state	burpose stromits the following statement:		
1. Entity ID Number:	2. The name of the limited liability company is:		
000530952	NewRez Title Services 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:601 Office Center Drive, Suite 100, Fort Washington, PA 19034			
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 and affirm that I have examined this Certificate of Cancellation of Registration and that all statements contained herein are true and correct.			
Type or Print Name of Authorized Person		Date	
Spencer Mosness		08/05/2024	
Signature of Authorized Person	dur.		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov AUG - 8, 2024 BY_305477 RI SOS Filing Number: 202458658590 Date: 8/8/2024 12:30:00 PM



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:

August 08, 2024 12:30 PM

Gregg M. Amore
Secretary of State

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