RI SOS Filing Number: 202075998840 Date: 11/18/2020 1:04:00 PM

R.I. DEFT. OF STATE BUS SVCS DIV



State of Rhode Island

## Department of State - Business Services Division

1020 NOV 18 P 1: CH

## **Certificate of Cancellation**

FOREIGN Limited Liability Company

→ Filing Fee: \$75.00

Pursuant to the provisions of RIGL <u>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:		
Entity ID Number:	The name of the limited liability company is:	
756096	HOUSING OPPORTUNITY PARTNES REO. L	رد
3. It is organized under the laws of:  DELEWARE		
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:    O Nontgoner St. Ste. 2350, San Francisco, Ca. 94104		
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 at <u>taxportal.ri.gov.</u> ]		
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
HAN ACYEUAG		11/16/20
Signature of Authorized Person		

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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I, NELLIE M. GORBEA, 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:

November 18, 2020 01:04 PM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

