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SECRETARY OF STATE

SEP IO AM SILE



CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

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ACCOUNT NO. : 12000000195				
REFERENCE : 9829287 8126111				
AUTHORIZATION : Trubble Man				
COST LIMIT : \$ 25.00				
ORDER DATE : August 31, 2021				
ORDER TIME : 12:38 PM				
ORDER NO. : 982928-015				
CUSTOMER NO: 8126111				
FOREIGN FILINGS				
NAME: REDAPTIVE CAPITAL RF, 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: Eyliena Baker - EXT#				

EXAMINER:

COVER LETTER

TO:	Registratio Division of	n Section Corporations		
		ptive Capital RF, LLC		
SUBJ				
		(Name of Fo.	reign Limited Liability	Company)
Dear S	Sir or Madam:			
The er	nclosed withdi	rawal and fee(s) are submitte	ed for filing.	
Please	return all cor	respondence concerning this	matter to the followin	g:
Chris	topher Broph	пу		
		(Name of Person)		_
Reda	ptive, Inc.			
		(Firm/Company)		_
340 E	Brannan Stre	et, Suite 400		
-	<u></u>	(Address)		_
San F	Francisco, C	A 94107		
		(City/State and Zip Coc	ie)	_
For fu	rther informat	ion concerning this matter, p	olease call:	
Chris	topher Broph	ny	415	413-0445
	(N	ame of Person)	at (at Code &	_) & Daytime Telephone Number)
	Division P.O. Box	ion Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclos	sed 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 Cony

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Redaptive Ca	pital RF, LLC	
<u></u>	(Name of limited liability company)	
Delaware		2021 SEP SECRETA TALL A
09/11/2019	(Jurisdiction of its organization)	# NETANY
M190000087	(Date registered with Florida Department of State) 71	BESSES SEL
·	(Florida Document Number)	F. 6
(If an effective) more than 90 Note: If the o	te, if other than the date of filing: ve date is listed, the date must be specific and cannot be prior to a days after filing.) date inserted in this block does not meet the applicable statutory not be listed as the document's effective date on the Department.	filing requirements.
	Matt Gumbriu A637F3214DCF412 (Signature of authorized representative)	
	Matthew Gembrin	
	(Typed or printed name of signee)	

Filing Fee: \$25.00