

M 20000005699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

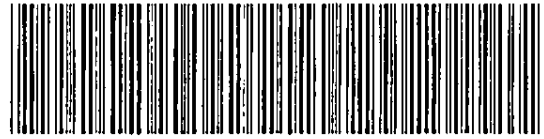
(Business Entity Name)

(Document Number)

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2020 SEP 17 PM 2:16

STATE OFFICE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2020 SEP 17 AM 11:45

C. GOLDEN

SEP 18 2020

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

ACCOUNT NO. : I20000000195  
REFERENCE : 427736 4311473  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 25.00

ORDER DATE : September 16, 2020  
ORDER TIME : 10:16 AM  
ORDER NO. : 427736-010  
CUSTOMER NO: 4311473

FOREIGN FILINGS

NAME: AFDEV IMPACT FUND GP, 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 Robinson - EXT# 62968

EXAMINER: \_\_\_\_\_

2020 17 April 45

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

AFDEV IMPACT FUND GP, LLC

\_\_\_\_\_  
(Name of limited liability company)

Delaware

\_\_\_\_\_  
(Jurisdiction of its organization)

06/26/2020

\_\_\_\_\_  
(Date registered with Florida Department of State)

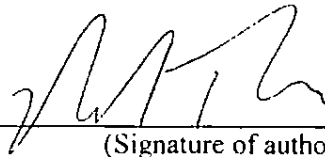
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\_\_\_\_\_  
(Florida Document Number)

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.



\_\_\_\_\_  
(Signature of authorized representative)

Nicholas S. Risi, Authorized Representative

\_\_\_\_\_  
(Typed or printed name of signee)

**Filing Fee: \$25.00**