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

ACCOUNT NO. : 12000000195 REFERENCE : 283693 167868A AUTHORIZATION : COST LIMIT : ORDER DATE : July 2, 2018 ORDER TIME : 2:16 PM ORDER NO. : 283693-015 CUSTOMER NO: 167868A FOREIGN FILINGS NAME: REDUS DE, 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

EXAMINER: __

CONTACT PERSON: Roxanne Turner - EXT#

COVER LETTER

-	ion of Corporations		
SUBJECT:	REDUS DE, LLC		
_	(Name of Fore	eign Limited Liability Company)	
Dear Sir or Ma	adam:		
The enclosed	withdrawal and fee(s) are submitted	I for filing.	
Piease return a	all correspondence concerning this r	matter to the following:	
Amanda Mart	occhio		
-	(Name of Person)		
Wells Fargo I.	egal Department		
	(Firm/Company)		
301 South Col	lege Street, D1053-300		
	(Address)		
Charlotte, NC	28288		
	(City/State and Zip Code))	
For further info	ormation concerning this matter, ple	ease call:	
Amanda Marte	occhio	704 410-9090 at ()	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount:		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
■ \$25 Filing F	ee □ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & □ \$60 Filing Fee, Certified Copy Certificate of Status & Certified Copy	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

REDUS DE, LLO		
	(Name of limited liability company)	
Delaware		SECR SECR
	(Jurisdiction of its organization)	一 子四 年 二
01/12/2010		SSET 2
	(Date registered with Florida Department of State)	
M1000000141		108 P
	(Florida Document Number)	
Effective Date, (If an effective more than 90 d Note: If the da	if other than the date of filing: date is listed, the date must be specific and cannot be prior to date as after filing.) te inserted in this block does not meet the applicable statutory file of be listed as the document's effective date on the Department of	(optional) te of filing or ing requirements.
	(Signature of authorized representative)	
	Amanda Martocchio, Secretary of Managing Member	
	(Typed or printed name of signee)	

Filing Fee: \$25.00