M12000006142				
(Requestor's Name) (Address) (Address)	800440564658			
(City/State/Zip/Phone #)				
(Document Number) Certified Copies Certificates of Status	FILE MID: 15 NO24 DEC -4 MID: 15 SECRETARY OF STATE TALLAHASSEE, FL			
Office Use Only	1411			

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 682770/7 7843304 C. A. B. C. C. S. C. S. AUTHORIZATION :  $\langle \rangle \rangle$ COST LIMIT : \$ 25.00 ORDER DATE : October 9, 2024 ORDER TIME : 8:41 AM ORDER NO. : 682470-145 CUSTOMER NO: 7843304 \_\_\_\_\_ FOREIGN FILINGS :01 Hill NAME: RED VENTURES INSURANCE, LLC \_ CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY XX XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_ CERTIFIED COPY XX \_\_\_\_ PLAIN STAMPED COPY \_\_\_\_ CERTIFICATE OF STATUS CONTACT PERSON: Amanda Miller - EXT# EXAMINER: \_\_\_\_\_

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	CC	OVER LETTER	र		
TO: Registration Division of	n Section Corporations				
	entures Insurance, LLC				
SUBJECT:	(Name of For	eign Limited Liability	Company)		
Dear Sir or Madam:					
The enclosed withdr	awal and fee(s) are submitte	d for filing.			
Please return all corr	respondence concerning this	matter to the followin	R;		
Linda Deutsch					
	(Name of Person)		_		
Red Ventures, LLC	2				
<u></u>	(Firm/Company)		_		
1423 Red Venture	s Drive			2024 DEC -4 SECRETAR	*********
	(Address)		-	DEC	2 2 
Fort Mill, SC 2970	7			C	3 1 4.2%
	(City/State and Zip Cod	c)	_	NOEC -4 AMIO: 15 CRETARY OF STATE TALLAHASSEE. FI	ژ.
For further informati	ion concerning this matter, p	lease call:		IMIE IS	
Linda Deutsch		704 at (	971-2300		
(N	ame of Person)		Daytime Telephone Numbe	r)	
Division P.O. Box	on Section of Corporations		<u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303		
Enclosed 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 Statu Certified Copy	s &	

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## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Red Ventures Insurance, LLC
(Name of limited liability company)
South Carolina
(Jurisdiction of its organization)
11/01/2012
(Date registered with Florida Department of State)
M12000006142
(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:

(If an effective date is listed, the date must be specific and cannot be prior to date filing,) 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.

Michael Anderson

(Signature of authorized representative) RED VENTURES INSURANCE, LLC By: RED VENTURES, LLC, its Member By:Michael Anderson, Authorized Representative

(Typed or printed name of signee)