/41700006956

(Re	equestor's Name)	
	idress)	
(AL	idie53)	
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(D.	Fakit Nie	
(Bi	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
5		

Office Use Only



200311230012

SLOWE DUTY OF STATE, TALLAHASSEE, FLORID,

FILED

2018 APR -3 PH 1: 59

THOUSE SHO

MULICAS

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE :

143999

AUTHORIZATION

COST LIMIT

ORDER DATE : April 3, 2018

ORDER TIME : 1:08 PM

ORDER NO. : 143999-010

CUSTOMER NO: 8126111

FOREIGN FILINGS

NAME:

REDAPTIVE CAPITAL PARTNERS,

LLC

CORPORATE

LIMITED PARTNERSHIP

XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY

___ PLAIN STAMPED COPY

_ CERTIFICATE OF STATUS

CONTACT PERSON: Emily Croft - EXT# 62925

EXAMINER:

COVER LETTER

TO:

TO:		istration S ision of C	Section orporations				
SUBJE	CT:	Redaptiv	ve Capital Partners, LLC				
0020			(Name of For	reign Limited Li	ability C	ompany)	
Dear Sir	r or N	1adam:					
The enc	closed	withdray	val and fee(s) are submitte	d for filing.			
			spondence concerning this	_	llowing:		
1 10030 1	Cturin	un correc	pondence concerning and	maner to the to			
Matt G	embr	in					
			(Name of Person)				
Redapti	ive Fi	nancial, I	LLC				
			(Firm/Company)				
340 Bra	annan	Street, S	TE 400				2818 APR SECRETA
			(Address)				AH.
San Fra	ancisc	o, CA 94	107				SSEE
			(City/State and Zip Cod	le)			7 >
For furt	her in	ıformatioı	n concerning this matter, p	blease call:			A & 26 OF STATE OF LORIDA
Matt G	embri	in		707 at (,	479-2217	
		(Nan	ne of Person)		Code & I	Daytime Telephon	e Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclose	ed is a	check fo	or the following amount:				
□ \$25 F	Filing	Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing I Certified Co		\$60 Filing F Certificate of Certified Co	of Status &

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Redaptive Capital	Partners, LLC
	(Name of limited liability company)
Delaware	
· · · · · · · · · · · · · · · · · · ·	(Jurisdiction of its organization)
August 14, 2017	
	(Date registered with Florida Department of State)
M17000006956	
	(Florida Document Number)
This limited lial	pility company is withdrawing its certificate of authority in this state.
	if other than the date of filing: (optional)
(If an effective of more than 90 dates	date is listed, the date must be specific and cannot be prior to date of filing or anys after filing.)
	e inserted in this block does not meet the applicable statutory filing requirements,
this date will no	t be listed as the document's effective date on the Department of State's records.
_	Cocusigned by: Matt Gumbriu A637F3214DCF412. (Signature of authorized representative)
1	Man Cambria
-	
	(Typed or printed name of signee)

Filing Fee: \$25.00