<u>11000005563</u>

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SECTION:

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

CORPORATE
LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
X PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker - EXT#

___ CERTIFICATE OF STATUS

COVER LETTER

TO: Registra Division	ation Section n of Corporations		
RE SUBJECT:	S Acquisition, LLC		
	(Name of F	oreign Limited Liabili	ty Company)
Dear Sir or Mada	um:		
The enclosed wit	hdrawal and fee(s) are submit	ted for filing.	
Please return all	correspondence concerning th	is matter to the followi	ing:
Kevin Delaplan	е		
	(Name of Person)		_
Union Capital A	Associates, L.P.		
	(Firm/Company)		_
485 West Putn	am Avenue, 2nd Floor		
 	(Address)		_
Greenwich, CT	06830		
	(City/State and Zip Co	de)	_
For further inform	ation concerning this matter,	please call:	
Kevin Delaplane	•	203	580-5740
	(Name of Person)		& Daytime Telephone Number)
Mailing /			Street Address:
Registration Section Division of Corporations			Registration Section
P.O. Bo			Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810
	,		Tallahassee, FL 32303
Inclosed is a chec	k 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 Conv

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

RES Acquisition, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
06/23/2020
(Date registered with Florida Department of State)
M2000005563
(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.
1 Del
(Signature of authorized representative)
Kevin Delaplane :
(Typed or printed name of signee) co
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Filing Fee: \$25.00