

M21000009492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

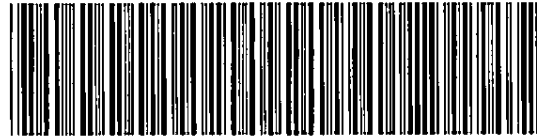
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600422520686

RECEIVED  
JAN 29 AM 9:45  
STATE  
OFFICE, FL.

RECEIVED  
2024 JAN 29 PM 3:29  
TALLAHASSEE, FLORIDA

S. HUNT

01/29/24



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations  
From: Alexxis Weiland-Sorenson  
Ext: 61592  
Date: 01/29/24  
Order #: 1404196-4  
Re: Sunrun Kronos Manager 2022, LLC  
Processing Method: Routine

STATE  
TALLAHASSEE, FL  
JAN 29 2024  
AM 9:45  
30

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

AUTH:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:  
I20000000195

Please take the following action:

File in your office on basis  
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sunrun Kronos Manager 2022, LLC  
\_\_\_\_\_  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leana Divine

\_\_\_\_\_  
(Name of Person)

Sunrun Inc.

\_\_\_\_\_  
(Firm/Company)

225 Bush Street, Suite 1400

\_\_\_\_\_  
(Address)

San Francisco, CA 94104

\_\_\_\_\_  
(City/State and Zip Code)

FILED  
TALLAHASSEE, FL  
JUN 14 2022  
AM 9:45

For further information concerning this matter, please call:

Leana Divine

\_\_\_\_\_  
(Name of Person)

415

580-6900

at (\_\_\_\_\_) \_\_\_\_\_

(Area Code & Daytime Telephone Number)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

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 Status &  
Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Sunrun Kronos Manager 2022, LLC			
(Name of limited liability company)			
Delaware			
(Jurisdiction of its organization)			
07/23/2021			
(Date registered with Florida Department of State)			
M21000009492			
(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)

Sundance Banks

(Typed or printed name of signee)

**Filing Fee: \$25.00**