

M16 00000 5144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

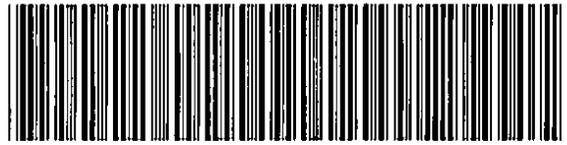
(Business Entity Name)

(Document Number)

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SUPERIOR COURT

20 FEB 18 PM 1:42

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HPS Florida, 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:

John Linn

(Name of Person)

HIFU Prostate Services, LLC

(Firm/Company)

4108 Park Rd, Suite 205

(Address)

Charlotte, NC 28209

(City/State and Zip Code)

For further information concerning this matter, please call:

John W. Linn
(Name of Person)

at (704) 248-7562
(Area Code & Daytime Telephone 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

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

HPS Florida, LLC (doing business in Florida as HPS Florida FLH, LLC)

(Name of limited liability company)

Delaware LLC

(Jurisdiction of its organization)

June 27, 2016

(Date registered with Florida Department of State)

M16000005144

(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)

John W. Linn

(Typed or printed name of signee)

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STATE OF FLORIDA
DEPARTMENT OF STATE

Filing Fee: \$25.00