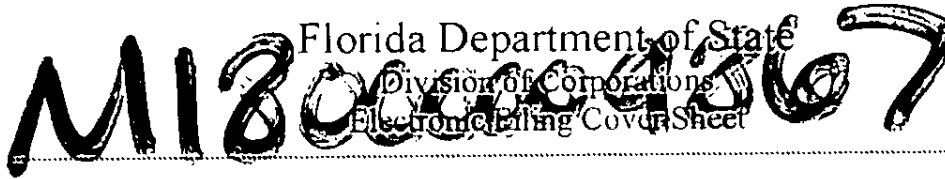


2/1/2021

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000043125 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

**LLC DISSOLUTION OR WITHDRAWAL
HSP TECHNOLOGIES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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C Kinsey

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HSP Technologies 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:

Stephen Ziskind

(Name of Person)

(Firm/Company)

200 South Bridge St

(Address)

Elkton, MD 21921

(City/State and Zip Code)

For further information concerning this matter, please call:

Stephen Ziskind

(Name of Person)

561

at ()

998 0400

(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

HSP Technologies LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

October 29, 2018

(Date registered with Florida Department of State)

M18000009867

(Florida Document Number)

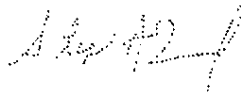
FILED
2021 FEB -1 PM 9:25
TALLAHASSEE, FL

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)

Stephen Ziskind

(Typed or printed name of signee)