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(Re	equestor's Name)			
(Ad	dress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phon	ne #)		
PICK-UP	WAIT	MAIL		
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Special Instructions to Filing Officer:				
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COVER LETTER

TO: Registration Division of	n Section Corporations			
SUBJECT: DSP	Management, L.P.			
(Name o	f Foreign Limited Partnersh	ip or Limited Liabi	lity Limi	ited Partnership)
The enclosed Notic	ee of Cancellation and I	fee(s) are submit	ted for	filing.
Please return all co	rrespondence concerni	ng this matter to	:	
				201
Adam Towne			2014 BAY -1 PH 6: 04 SECRETARY OF STATE FALL AHASSEE FLORES	
(Contact Person)				
Constellation Investment Consulting				
(Firm/Company)			me 72	
305 Madison Avenue, Suite 2036				F. 6
	(Address)			2 2
New York, NY 10)165			7. T.
	(City, State and Zip Code))		
For further informa	ation concerning this m	atter, please call	l :	
Adam Towne		_at (212	300)-6250
(Name of Co	ntact Person)		de and D	Daytime Telephone Number)
Enclosed is a check	k for the following amo	ount:		
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	S105.00 Filin and Certified C		S113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRE	ESS:	MAI	LING	ADDRESS:
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
Clifton Building 2661 Executive Center Circle		P. O. Box 6327 Tallahassee, FL 32314		
Tallahassee, FL 33		rana	1145500,	, I L J2J17

NOTICE OF CANCELLATION FOR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

DSP Management, L.P.	
(Name of limited partn	ership or limited liability limited partnership)
Delaware	
(J)	urisdiction of formation)
09/21/2011	
(Date author	ized to transact business in Florida)
	limited liability limited partnership is no longer wishes to cancel its certificate of authority pursuant to
This entity appoints the Florida Deprights of action arising out of the tra	partment of State as its agent for service of process for ansaction of business in this state.
Effective date, if other than the date (Effective date cannot be prior to nor more Department of State.)	e of filing: 04/29/2014 e than 90 days after the date this document is filed by the Florida
Signature of a general partner:	
Typed or printed name:	
Alex Karakozoff	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75