

M12000001212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICKUP

☐ WAIT

☐ MAIL

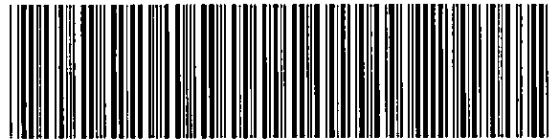
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



900360440989

RECEIVED  
STATE  
CLERK  
JAN 13 2023 AM 10:21



JAN 13 2023 PM 2:04

FILE 1st

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

ACCOUNT NO. : I20000000195

REFERENCE : 672669 4311863

AUTHORIZATION :

COST LIMIT : \$ 55.00

ORDER DATE : February 18, 2021

ORDER TIME : 9:52 AM

ORDER NO. : 672669-015

CUSTOMER NO: 4311863

FOREIGN FILINGS

NAME: ENTOPSIS, LLC

       CORPORATE  
       LIMITED PARTNERSHIP  
XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
       CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland - EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Entopsis, 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:

Ivy M. Shapiro, Paralegal

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

Blank Rome LLP

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

One Logan Square

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

Philadelphia, PA 19103

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

For further information concerning this matter, please call:

Ivy M. Shapiro

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

at ( 215 ) 569-5784  
\_\_\_\_\_  
(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

Entopsis, LLC

\_\_\_\_\_  
(Name of limited liability company)

Delaware

\_\_\_\_\_  
(Jurisdiction of its organization)

03/01/2012

\_\_\_\_\_  
(Date registered with Florida Department of State)

M12000001212

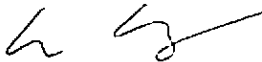
\_\_\_\_\_  
(Florida Document Number)

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)

George Huang.  
\_\_\_\_\_  
(Typed or printed name of signee)

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
MAY 10 2012  
AM 10:21

**Filing Fee: \$25.00**