

MI 3000006192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

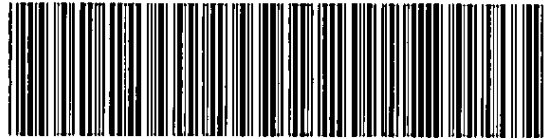
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TALLAHASSEE, FL

Y SULKER
FEB 17 2022

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

ACCOUNT NO. : I20000000195

REFERENCE : 490203 8080958

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 25.00

ORDER DATE : February 16, 2022

ORDER TIME : 2:25 PM

ORDER NO. : 490203-005

CUSTOMER NO: 8080958

ANNUAL REPORT FILING

NAME: HGS, LLC

XX WITHDRAWAL OF ALTERNATE NAME

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - Ext.

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HGS, LLC

(Name of Limited Liability Company)

DOCUMENT NUMBER: M13000006192

The enclosed *Resolution of the members, managers, or other authorized persons to Withdraw the Alternate name for use in Florida* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheryl Lane

(Name of Contact Person)

HGS, LLC

(Firm/Company)

6575 West Loop South, Suite 300

(Address)

Bellaire, TX 77401

(City/State and Zip Code)

For further information concerning this matter, please call:

Cheryl Lane
_____ at (832) 703.7665
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is enclosed)

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

**RESOLUTION TO WITHDRAW
ALTERNATE NAME IN THE STATE OF
FLORIDA PURSUANT TO
605.0906 (1), FLORIDA STATUTES**

I, the undersigned, do hereby certify that I am the Authorized Person of

HGS, LLC

_____, a limited liability
(Name of Limited Liability Company)

company duly organized and existing under the laws of Virginia
(State or Country of Organization)

Because the name of this foreign limited liability company now satisfies the requirements of s. 605.0112, Florida Statutes, the limited liability company hereby renounces the following alternate name in the state of Florida:

Angler Environmental, LLC

(Alternate Name Renounced in State of Florida)

Michael Lane
Signature of Authorized Person

2.15.22
Date

Make check payable to Florida Department of State and mail to:

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

FILED
2022 FEB 16 AM 8:31
STATE
AT TALLAHASSEE, FL