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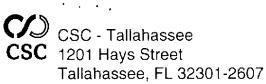
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ALCALIARY OF STATE VISION OF CORPORATIONS

RECEIVED
023 DEC 28 AMILE

R. HUNT



850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 12/28/23 Order #: 1371841-6 Re: HC Operations, LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

AUTH:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number 120000000195

Please take the following actions File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

Division o	f Corporations		
HC C SUBJECT:	perations, LLC		
	(Name of For	reign Limited Liability	Company)
Dear Sir or Madam	:		
The enclosed withd	rawal and fee(s) are submitte	ed for filing.	
Please return all co	respondence concerning this	matter to the followin	តិ:
Jessica Sohl			
	(Name of Person)		
			7623 DEC 28
c/o HC Technolog		·	_
	(Firm/Company)		8
10 S. Riverside P	laza, Suite 875		PH 12: 40
	(Address)		- - t0
Chicago, IL 6060	6		
	(City/State and Zip Cod	ie)	
For further informat	tion concerning this matter. p	olease call:	
Jessica Sohl		312	399-5649
4)	Same of Person)	at ((Area Code &	& Daytime Telephone Number)
Division P.O. Box	ion Section of Corporations		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	□S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

HC Operations	i, LLC	
	(Name of limited liability company)	
Delaware		2023 DEC
	(Jurisdiction of its organization)	C
09/27/2018		28
	(Date registered with Florida Department of State)	<u> </u>
M1800000888	1	PM 12: 40
	(Florida Document Number)	
(If an effective more than 90 o Note: If the da	e, if other than the date of filing: 12/31/2023 (o e date is listed, the date must be specific and cannot be prior to date of fidays after filing.) ate inserted in this block does not meet the applicable statutory filing renot be listed as the document's effective date on the Department of State (Signature of authorized representative) Jessica Sohl	quirements,
	(Typed or printed name of signee)	