## m9800000987

(Requestor's Name)		
(Address)		
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



500163639595

01/04/10--01001--015 \*\*165.00

01/12/10--01001--006 \*\*20.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

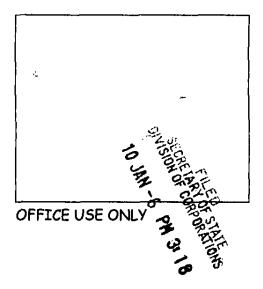
ì

B. KOHR

JAN 1 1 2010

**EXAMINER** 

FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)656-6446



WALK-IN

ENTITY NAME:

HSN DIRECT

CK# 4326

AMOUNT \$45.00

PLEASE FILE THE ATTACHED WITHDRAWAL & RETURN THE FOLLOWING:

\_\_\_ CERTIFIED COPY
\_\_\_ STAMPED COPY
\_\_\_ CERTIFICATE OF STATUS

Examiner's Initials

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

(Name of timited liability company)

DELAWARE

(Jurisdiction of its organization)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

1 HSN Drive

(Mailing address)

St. Petersburg, FL 33729

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

HSN, Inc.

By: Agracian Company agrees to notify the Department of State in the future of any change in its mailing address.

MSN, Inc.

Notice of member of authorized representative of a member)

Matthew D. Soyster, SVP, GC - Affiliates and Cornerstone Brands

Filing Fee: \$25.00

(Typed or printed name of signee)