## F0300001799

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T. LEMIEUX

## **COVER LETTER**

TO:	Amendment Section Division of Corporations		
SUBJ	IMA of Kansas, Inc.		
<b>БОВ</b>	ECT.	(Name of Corporat	ion)
DOC	UMENT NUMBER:F03000004799		
	nclosed withdrawal application and ereturn all correspondence concernit		
	Patrice Downing		
		(Name of Person)	
	The IMA Financial Group, Inc.		
		(Firm/Company)	
	8200 E. 32nd Street North		
		(Address)	
	Wichita, KS 67226	•	
	((	City/State and Zip co	de)
For fu	orther information concerning this ma	tter, please call:	
Patrice Downing		at ( 316	266-6542
Enclo	(Name of Person) sed is a check for the amount:	(Area C	)200-0342 Code & Daytime Telephone Number)
<b>⊠</b> \$3	5 Filing Fee \$\Bigcup \\$43.75 Filing Fee &\Bigcup Certificate of Status		Certificate of Status & Certified
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL.32314		STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

IMA of Kansas, Inc.	
(Name of Corporation	n)
F03000004799	
(Document Number of Corporation	on (if known)
State of Kansas	
(Incorporated Under Lav	ws of)
This corporation is no longer transacting business or conducting coluntarily surrenders its authority to transact business or conducting to transact business or conducting the corporation revokes the authority of its registered agent appoints the Department of State as its agent for service of problem it was authorized to transact business or conduct affairs	in Florida to accept service on its behalf and accept service on a cause of action arising during
the following is a current mailing address for the corporation:  c/o SueAnn Schultz, 3024 SW Wanamaker Road, Suite 203	TALLAH TALLAH
Topeka, KS 66614  (City/ State /Zip)	NY 29 P 2: 22 HASSEE, FLORID
The corporation agrees to notify the Department of State in the	future of any change in its mailing address.  5/23/12
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Michael D. Lynch	Treasurer
(Typed or printed name of person signing)	(Title of person signing)

**FILING FEE \$35**