

FD9 000001423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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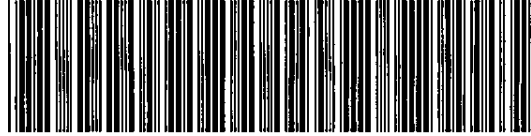
(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: International Hepato-Pancreato-Biliary Association, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F09000001423

The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chris Wendland

(Name of Person)

Wendland Utz, Ltd

(Firm/Company)

21 First Street SW, Suite 300

(Address)

Rochester, MN 55902

(City/State and Zip code)

For further information concerning this matter, please call:

Chris Wendland

(Name of Person)

at (507) 288-5440

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

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