M0300001531

(Requestor's Name)		
(Address)		
(Address)		
(Addiess)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Dusiness Entry Name)		
(Document Number)		
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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	
Dear Sir or Madam:	
The enclosed withdrawal and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Cross Corous CEO	
Greg Corey, CFO (Name of Person)	
IMIA, LLC (Firm/Company)	
	TALLAHASSE TALLAHASSE
(City/State and Zip Code) For further information concerning this matter, please call:	AN H: 29 DF STATE EFFLORION
Shelley Fritzman, Acct. Managerat (757) 397-4558 (Name of Person) (Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:	
□ \$25 Filing Fee □ \$30 Filing Fee & □ \$55 Filing Fee & □ \$60 Filing Fee, Certificate of Status : Certified Conv. Certificate of Status &	

Certified Copy

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

IMIA, LLC
(Name of limited liability company)
Commonwealth of Virginia (Jurisdiction of its organization)
M03000001531
(Florida Document Number)
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.
500 Crawford Street. Suite 401 (Mailing address) AUG - 6 Restaurable Way 22704
Portsmouth, VA 23704 (City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of member or authorized representative of a member)

Filing Fee: \$25.00