

MD5000002412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

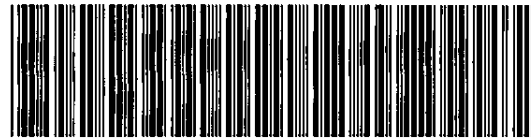
Special Instructions to Filing Officer:

**L. SELLERS**

OCT - 5 2010

**EXAMINER**

Office Use Only



900185405439

09/17/10--01017--005 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 OCT - 1 PM 12:03

**FILED**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 22, 2010

ALINA KHAMITOVA  
1250 BARCLAY BLVD  
BUFFALO GROVE, IL 60089

SUBJECT: INTEGRATED BUSINESS ANALYSIS, INC.  
Ref. Number: F04000005555

We have received your document for INTEGRATED BUSINESS ANALYSIS, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file your document is \$35.

There is a balance due of \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 210A00022551

# **IPA ADVISORY & INTERMEDIARY SERVICES**



Business Valuation Services  
Phone: (847) 495-6625  
Fax: (847) 537-3145  
valuation@aiservices.com

Transaction Advisory Services  
Phone: (847) 495-6633  
Fax: (847) 495-6638  
transactions@aiservices.com

September 29, 2010

## ***VIA USPS***

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee FL 32314

RE: IPA Advisory & Intermediary Services, LLC. (Doc# M05000002412)

To Whom It May Concern:

A mistake was made when we filed an Application for withdrawal of authority to transact business in Florida. It was supposed to be filed by IPA Advisory & Intermediary Services, LLC., and instead it was filed by Integrated Business Analysis. That is why the check was for \$25 - the fee for cancellation of a foreign LLC. Please, make the necessary adjustments. Attached are the correct application and a copy of the cashed check for IPA Advisory & Intermediary Services, LLC.

Thank you for your assistance. If you have any questions or comments, please contact me at 1-800-531-7100, ext. 11074.



Alina Khamitova  
Corporate Compliance Manager

HAH:ak

Enclosure/s: Application for withdrawal of authority to transact business in Florida by IPA Advisory & Intermediary Services, LLC, a Nevada company; copy of the check for \$25 cashed on 9/20/2010.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IPA ADVISORY & INTERMEDIARY SERVICES, LLC

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALINA KHAMITOVA

(Name of Person)

IPA ADVISORY & INTERMEDIARY SERVICES, LLC

(Firm/Company)

1250 BARCLAY BOULEVARD

(Address)

BUFFALO GROVE, IL 60089

(City/State and Zip Code)

For further information concerning this matter, please call:

ALINA KHAMITOVA

(Name of Person)

at ( 800 ) 531-7100 X11074

(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 &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

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

IPA ADVISORY & INTERMEDIARY SERVICES, LLC

(Name of limited liability company)

NEVADA

(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.

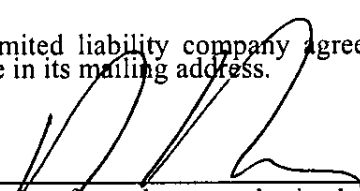
1250 BARCLAY BOULEVARD

(Mailing address)

BUFFALO GROVE, IL 60089

(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)

DAVID L DANZIG

(Typed or printed name of signee)

**Filing Fee: \$25.00**

**FILED**  
10 OCT - 1 PM 12:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA