

MO7000004054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

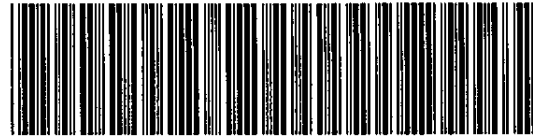
(Business Entity Name)

(Document Number)

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

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2013 JAN 14 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan JAN 15 2013

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IAB Solutions 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:

Joseph Deluca

(Name of Person)

(Firm/Company)

597 Brighton Way

(Address)

Phoenixville, PA 19460

(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph Deluca

(Name of Person)

at 610

230-2333

(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**

IAB Solutions LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

M07000004054

(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.

597 Brighton Way

(Mailing address)

Phoenixville, PA 19460

(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)

Joseph Deluca

(Typed or printed name of signee)

FILED  
2013 JAN 14 AM 10:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee: \$25.00**