

To: Page 2 of 4
Division of Corporations

2017-01-12 11:12:43 CST

19542080845 From: Ranae McGraw

NO8000004267

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 208-0845

LLC DISSOLUTION OR WITHDRAWAL
IPA FAMILY, LLC

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TALLAHASSEE, FLORIDA

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Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IPA FAMILY, 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:

ALISON GALANTE

(Name of Person)

IPA FAMILY, LLC

(Firm/Company)

485 MADISON AVENUE, 14TH FLOOR

(Address)

NEW YORK, NEW YORK 10022

(City/State and Zip Code)

For further information concerning this matter, please call:

ALISON GALANTE

212

355-4141

at ()

(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 &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

IPA FAMILY, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

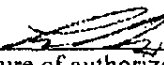
09/19/2008

(Date registered with Florida Department of State)

M080000004267

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.


(Signature of authorized representative)

LOAN NISSER, SECRETARY

(Typed or printed name of signee)

17 JAN 12 AM 10:02
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00