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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA0000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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LLC REGISTERED AGENT RESIGNATION  
IPAYMENT SALES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** IPAYMENT SALES, LLC (DE. DOM.)  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M12000006647

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**THERESA ALFIERI**

Name of Person

**C T CORPORATION SYSTEM**

Name of Firm/Company

**111 EIGHTH AVENUE 13TH FLOOR**

Address

**NEW YORK, NY 10011**

City/State and Zip Code

**Theresa.Alfieri@Wolterskluwer.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**THERESA ALFIERI**

Name of Person

at ( 212 ) 894-8516

Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

### MAILING ADDRESS:

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### STREET ADDRESS:

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

CT CORPORATION SYSTEM, hereby resigns as  
Name of Registered Agent

Registered Agent for IPAYMENT SALES, LLC (DE. DOM.)

Name of Limited Liability Company

M12000006647

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

CT Corporation System

By: [Signature]  
Signature of Resigning Agent

If signing on behalf of an entity:

Todd B. Proper

Vice President and Assistant Secretary

Typed or Printed Name

Capacity

### FILING FEES:

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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