

**M13000003709**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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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 DIRECT, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 JAN 11 AM 8:49  
DIVISION OF CORPORATIONS

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O SIMMONS  
JAN 12 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IPA DIRECT, 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 DIRECT, 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

(Name of Person)

212

355-4141

at ( )

(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 DIRECT, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

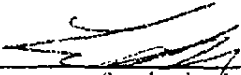
6/12/2013

(Date registered with Florida Department of State)

MI1000003709

(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)

**FILED**  
17 JAN 11 AM 8:49  
DIVISION OF STATE ATTORNEY

Filing Fee: \$25.00