

M14000000390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

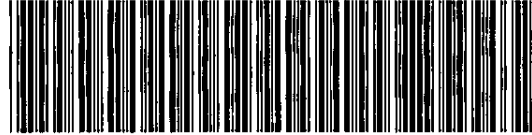
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB - 2 2015

T. BROWN

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Integrated Direct Marketing, 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:

Jacque Hoke

\_\_\_\_\_  
(Name of Person)

Integrated Direct Marketing, LLC

\_\_\_\_\_  
(Firm/Company)

11951 Freedom Drive, Suite 400

\_\_\_\_\_  
(Address)

Reston, VA 20190

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jacque Hoke

\_\_\_\_\_  
(Name of Person)

at ( 703 ) 547-4967  
\_\_\_\_\_  
(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

**FILED**  
15 JAN 20 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Integrated Direct Marketing, LLC

\_\_\_\_\_  
(Name of limited liability company)

Connecticut

\_\_\_\_\_  
(Jurisdiction of its organization)

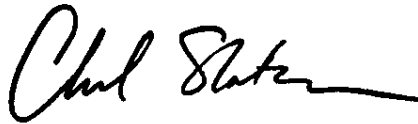
January 17, 2014

\_\_\_\_\_  
(Date registered with Florida Department of State)

M14000000390

\_\_\_\_\_  
(Florida Document Number)

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



\_\_\_\_\_  
(Signature of authorized representative)

Chad Slater

\_\_\_\_\_  
(Typed or printed name of signee)

**Filing Fee: \$25.00**