

M15000008088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

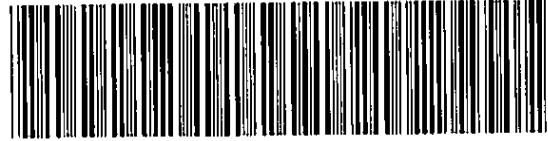
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



600436604676

2024 OCT -7 PM 10:43
SEC. OF STATE
TALLAHASSEE, FL

RECEIVED
2024 OCT -7 AM 10:44
SEC. OF STATE
TALLAHASSEE, FL

AB

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 10/7/2024

PRIORITY Expedite

OUR REF # (Order ID#) 1299330

ORDER ENTITY

INTEGRATED MISSION SUPPORT SERVICES LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

INTEGRATED MISSION SUPPORT SERVICES LLC (FL)

File the attached withdrawal document

NOTES:

\$25.00 Authorized

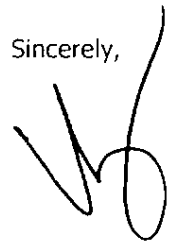
RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Integrated Mission Support Services 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:

Deborah A. McCutcheon

(Name of Person)

Womble Bond Dickinson (US) LLP

(Firm/Company)

8350 Broad Street, Suite 1500

(Address)

Tysons, Virginia 22102

(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Person) (Area Code & Daytime Telephone Number)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Integrated Mission Support Services LLC

(Name of limited liability company)

Nevada

(Jurisdiction of its organization)

October 8, 2015

(Date registered with Florida Department of State)

M15000008088

(Florida Document Number)

2024 OCT -7 PM 10:13
RECEIVED
TALLAHASSEE, FL
STATE

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

Effective Date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

DocuSigned by:

Christine Herndon

(Signature of authorized representative)

Christine Herndon

(Typed or printed name of signer)

Filing Fee: \$25.00