

M18000000342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

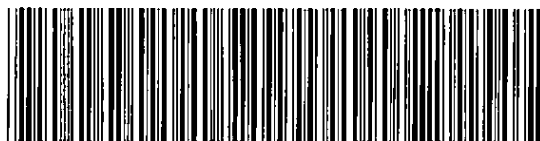
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Revoked annual report limits

Office Use Only



500426798165

04/01/24--01040--004 **25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Intelligence Technologies 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:

Michele DiBiasi

(Name of Person)

Analytic Services Inc.

(Firm/Company)

5275 Leesburg Pike, Suite N-5000

(Address)

Falls Church, VA 22041

(City/State and Zip Code)

For further information concerning this matter, please call:

Michele DiBiasi

703

416-2000 x1336

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

Intelligence Technologies LLC

(Name of limited liability company)

Virginia

(Jurisdiction of its organization)

01/11/2018

(Date registered with Florida Department of State)

M18000000342

(Florida Document Number)

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.



(Signature of authorized representative)

Susan Herlick

(Typed or printed name of signee)

Filing Fee: \$25.00