

P 40726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

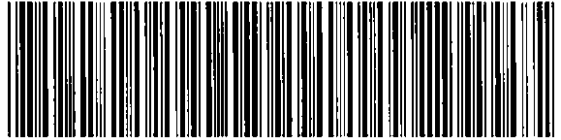
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900295419699

FILED  
2017 FEB 22 AM 9:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
2017 FEB 22 AM 11:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Beapwtk  
2/23/17*

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 519075 4366114

AUTHORIZATION :

COST LIMIT *Just \$3500*

ORDER DATE : February 21, 2017

ORDER TIME : 10:31 AM

ORDER NO. : 519075-015

CUSTOMER NO: 4366114

FOREIGN FILINGS

NAME: ISI, INC.

XX CORPORATE  
       LIMITED PARTNERSHIP  
       LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF STATUS

CONTACT PERSON: Melissa Zender - EXT#

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ISI, Inc.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P40726  
\_\_\_\_\_

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dan Hctor  
\_\_\_\_\_  
(Name of Person)

ISI Telemangement Solutions, LLC.  
\_\_\_\_\_  
(Firm/Company)

1051 Perimeter Drive, Suite 200  
\_\_\_\_\_  
(Address)

Schaumburg, IL 60173  
\_\_\_\_\_  
(City/State and Zip code)

For further information concerning this matter, please call:

Dan Hctor at ( 847 ) 995-0002  
\_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)
- \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL.32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL. 32301

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

ISI, Inc.

\_\_\_\_\_  
(Name of Corporation)

P40726

\_\_\_\_\_  
(Document Number of Corporation (if known))

IL

\_\_\_\_\_  
(Incorporated Under Laws of)

FILED  
2011 FEB 22 AM 9:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

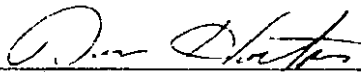
1051 Perimeter Drive, Suite 200

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

Schaumburg, IL 60173

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

The corporation agrees to notify the Department of State in the future of any change in its mailing address.



\_\_\_\_\_  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

2/21/17

\_\_\_\_\_  
(Date)

Dan Hactor

\_\_\_\_\_  
(Typed or printed name of person signing)

CFO

\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**