

M00000000001763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

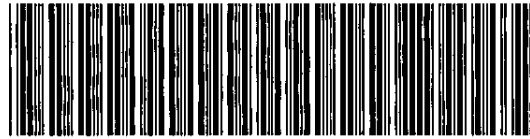
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 NOV 24 PM 4: 26

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@ 12/8/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTERGRITY HEAT & AIR LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M00000001763

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN THURBON
Name of Person

INTEGRITY HEAT & AIR LLC
Name of Firm/Company

4701 37TH STREET E
Address

BRADENTON, FL 34203
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN THURBON at (941) 932-3046
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

FILED STATE
SECRETARY OF CORPORATIONS
14 NOV 24 PM 4:26

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

JUSTIN LEMASTER

, hereby resigns as

Name of Registered Agent

Registered Agent for **INTEGRITY HEAT & AIR LLC**

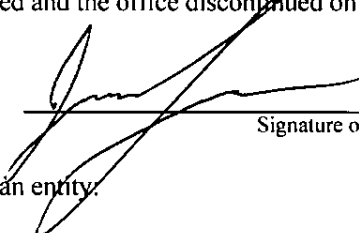
Name of Limited Liability Company

M00000001763

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILING FEES:

- \$ 85.00 Active limited liability company
- \$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**