

F99000001290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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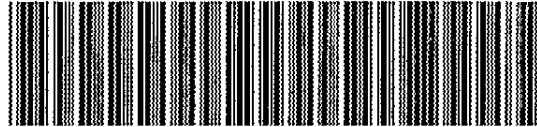
(Business Entity Name)

(Document Number)

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28

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** INTEGRITY MANAGEMENT SERVICES INC.  
(Name of corporation)

**DOCUMENT NUMBER:** F99000001290

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

Please return all correspondence concerning this  
matter to the following:

SARA IRONS  
(Name of Person)

INTEGRITY MANAGEMENT SERVICES INC  
(Firm/Company)

PO BOX 976  
(Address)

NIPOMO CA 93444  
(City/State and Zip code)

For further information concerning this matter, please call:

SARA IRONS at (805) 238 0905  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL. 32399

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

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

INTEGRITY MANAGEMENT SERVICES INC

(Name of Corporation)

F99000001290

(Document Number of Corporation (if known))

OKLAHOMA

(Incorporated Under Laws of)

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:

PO BOX 976

(Mailing Address)

NIPOMO

CA

93444

(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)

2/19/04

(Date)

RAUL H. TORRES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

**FILING FEE \$35**

FILED  
04 MAR - 1 AM 8:14  
TALLAHASSEE, FLORIDA  
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