

L12000033311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

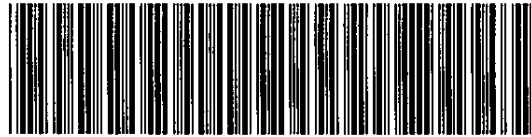
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN - 6 AM 10:42

JUN - 7 2012

T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INTEGRITY SECURITY AGENCY, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John J. Westcott

Name of Person

Integrity Security Agency, LLC.

Firm/Company

132 W. Plant St. Suite 222

Address

Winter Garden, FL 34787

City/State and Zip Code

johnjwestcott3@gmail.com

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

For further information concerning this matter, please call:

John J. Westcott

Name of Person

at (**321**)

287-1936

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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

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

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	William C. Nance, Jr,	153 Oak Leigh Ct Davenport, FL 33896	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Amanda D. Saavedra	3174 Timucua Cir Orlando, FL 32837	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____,

Signature of a member or authorized representative of a member

John J. Wescott

Typed or printed name of signee

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12 JUN -6 AHID: 42