1600076056

(Requestor's Name)	
(Address)	<u>!</u>
(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



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Integrity Sports Comp	any LLC		
			3
			Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File Ficultious Name File
			L.C. File
			Fictitious Name File 9
			Trade/Service Mark
			Merger File
			Art, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
_			Vehicle Search
			Driving Record
Requested by: SETH	05/30/19		UCC 1 or 3 File — UCC 11 Search
Name	Date	Time	UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Integrity Sports Company	y LLC			
Nam	e of Limited Liabili	ty Company	·	
DOCUMENT NUMBER: L16000076	3056			
The enclosed Resignation of Registered for filing.	Agent for a Limite	ed Liability Compar	ny and fee are sub	mitted
Please return all correspondence concer	ning this matter to	the following:		
Name of Person		_		
Alan B. Taylor & Associates, P.A.				
Name of Firm/Compar	iy	_	1 52	
5728 Major Blvd., Suite 700			285 KAT	
Address		_		
Orlando, Florida 32819				1 [7]
City/State and Zip Co	le			O
ataylororlando@gmail.com			JiEJFUG÷Č	
E-mail address: (to be used for future anni	ual report notification)	_	مينت ۽ ميا	
For further information concerning this	matter, please call	:		
Dorothy L. Vela	407 at (992-8740		
Name of Person	Area Cod	e Daytime Telepho	ne Number	
Enclosed is a check made payable to the liability company or \$25.00 for an admit liability company.	e Florida Departme inistratively dissolv	ent of State for \$85. yed, voluntarily diss	00 for an active li solved or withdray	mited vn limite

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Alan B. Taylor & Associa	ates, P.A.		
	Name of Registered A	, hereby resigns as	
Registered Agent for Int		Ţ	
Registered Agent for	egitty oports o	Inpany LLO	-
	Name of L	lmited Liability Company	
L16000076056			
Document Nun	nber, if known		
A copy of this resignation	n was mailed to the	above listed limited liability company at its last known addre	SS.
The agency is terminated	and the office dis	continued, on the 31st day after the date on which this statemen	ıt is filed.
		[//	1
			ī
	•	Signature of Resigning Agent	
If signing on behalf of an	entity:	. O	
	Alan B. Taylor, E	<u>-</u>	
	· · · · · · · · · · · · · · · · · · ·	Typed or Printed Name	
	President		
		Capacity	
	FILIN \$ 85.00 \$ 25.00		
	Make checks pay	vable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
INHS17 (2/14)			