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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

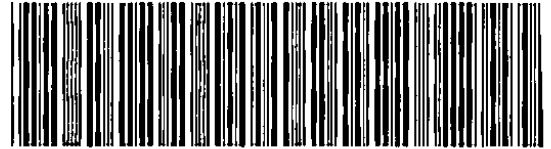
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Y. SUIVER  
OCT 21 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** American Integrity Realty LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Kevin W. Yancy

(Contact Person)

American Integrity Realty

(Firm/Company)

127 Palm Place

(Address)

Haines City, FL 33844

(City/State and Zip Code)

For further information concerning this matter, please call:

Kevin W. Yancy

at ( 863 ) 514-4382

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: American Integrity Realty LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L18000249734

3. The date this member/manager withdrew/resigned or will withdraw/resign is:

4. I, Nicole L. Watts, hereby withdraw/resign as  
*(Print Name of Person Resigning)*

Manager

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
2019 OCT 3 AM 10:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA