

L19 000273643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

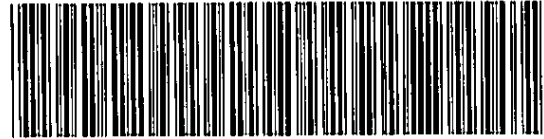
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

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AKDLS

FEB 16 2022

I ALBRITTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Integrity Realty Group of Central Florida, LLC  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Maria Negron, Personal Representative  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

6247 Crane Drive  
(Address)

Lakeland, Florida 33809  
(City/State and Zip Code)

For further information concerning this matter, please call:

Maria Negron at ( 803 ) 397-8720  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &  
Certified Copy (additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32304

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
205 Exchange Center  
Tallahassee, FL 32304

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Integrity Realty Group of Central Florida LLC

2. The Articles of Organization were filed on \_\_\_\_\_ and assigned

document number L19000273643

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this document will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to Section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Death of Broker/owner/manager of LLC

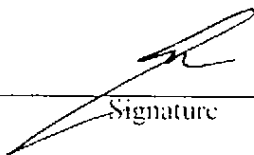
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Maria Negron, Personal Rep for Patricia J. Ross

6247 Crane Drive

Labeland, FL 33809

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

  
Signature

Maria Negron  
Printed Name

FILING FEE: \$25.00

FILED  
2021 FEB 11 PM 3:43  
SECRETARY OF STATE  
TALLAHASSEE, FL