(Re	equestor's Name)			
(Address)				
(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



800336640978

EFFECTIVE DATE

PILIETEI

11/20/13--01009--007 **25.00

DEC 19 2019

D CUSHING

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Lategrated financial (Name of Limited Liabili	Signiforms, LC ty Company)			
The enclosed Articles of Dissolution and fee(s) are submitted for fili	ng.			
Please return all correspondence concerning this matter to the follow	ring:			
Brad Fletchor (Name of Perso				
(Name of Person)				
(Firm/Compan	•			
9 Wookowachoe Circle				
Q Wookowachoe Circle (Address) Destin Fi 3254/ (City/State and Zip Code)				
For further information concerning this matter, please call:				
Brad Metcher at (Name of Person)	850 259 4464 Po Rep (Area Code & Daytime Telephone Number)			
(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:	27 OF			
	55,00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)			
MAILING ADDRESS:	STREET/COURIER ADDRESS:			

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

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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liab		
Integrate	ad linancial Systems, LC	·
•	on were filed onand assig	ened
document number	9900000053	
Note: If the date hiserted in	the dissolution if not effective on the date of filing: 12 detective date cannot be prior to or more than 90 days later than date document is a this block does not meet the applicable statutory filing requirements ective date on the Department of State's records.	ceived for filing) i, this date will not be
605 0707 Florida Statutes	te that resulted in the limited liability company's dissolution processes to late the cover letter).	
Company s a	71367) 3014	
-		
5. If there are no members, en	nter the name and address of the person appointed to wind up	the company's
activities and affairs:	Brad Hetcher	
	Brad Actorir 9 Wedawacher Codo Destin Fl 32541	00 00 00 00 00 00 00 00 00 00 00 00 00
	Destin Fl 32541	20 P
	,	
 Signature of an authorized isted above to wind up the co 	person or if there are no members, the signature of the person ompany's activities and affairs:	n appointed and
Rut	Brod ford A. Ple	itcher
Signature	Printed Name	

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Integral	hed financial Systems LC
Document number of Limited Liability Company is:	
Date of dissolution was: $\frac{12/31/19}{}$	
Description of information that must be included in a written	claim:
Vondor: Roason: Copy	of Agreement
Mailing address where claims can be sent: (Claims cannot be	• ,
1 Weekowecho Circle Destin, Fl. 32541	
A claim against the above named limited liability company we claim is commenced within 4 years after the filing of this not	
Grad God A Glodelar	K ast
Printed Name of the Person Filing	Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00