

M1400000 4363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

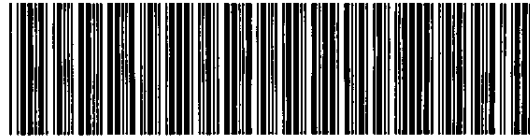
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800271097458

03/31/15--01020--011 **85.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 MAR 31 PM 1:42

APR 03 2015
T. CARTER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTEGRITY HOLDINGS RE, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: M14000004363

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRAM SCOLNICK

Name of Person

Name of Firm/Company

403 NW 68TH AVE #511

Address

PLANTATION, FL 33317

City/State and Zip Code

ceo.integrityholdings@gmail.com

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

For further information concerning this matter, please call:

BRAM SCOLNICK

Name of Person

at (305) 778-8499

Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

BRAM SCOLNICK

Name of Registered Agent

Registered Agent for **INTEGRITY HOLDINGS RE, LLC**

Name of Limited Liability Company

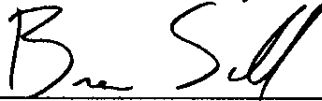
M14000004363

Document Number, if known

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 MAR 31 PM 1:42

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

BRAM SCOLNICK

Typed or Printed Name

REGISTERED AGENT, MEMBER

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314