

M16 0000005990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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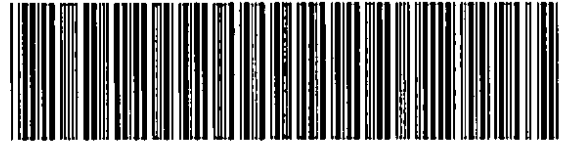
(Business Entity Name)

(Document Number)

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03/21/22--01028--002 **25.00

Withdrawal
of #1 Kernel
None
Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 MAR 21 PM 2:11

FILED

APR 13 2022

D CANNELL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTEGRATED FIANNICAL CONCEPTS LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: M16000005990

The enclosed *Resolution of the members, managers, or other authorized persons to Withdraw the Alternate name for use in Florida* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SANDRA VILLAFUERTE
(Name of Contact Person)

INTEGRATED FINANCIAL CONCEPTS
(Firm/Company)

200 Schulz Drive Suite 125
(Address)

Red Bank, NJ 07701
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Marino at (908) 419-8071
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is enclosed)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**RESOLUTION TO WITHDRAW
ALTERNATE NAME IN THE STATE OF
FLORIDA PURSUANT TO
605.0906 (1), FLORIDA STATUTES**

I, the undersigned, do hereby certify that I am the Authorized Person of

INTEGRATED FINANCIAL CONCEPTS LLC, a limited liability
(Name of Limited Liability Company)

company duly organized and existing under the laws of NEW JERSEY,
(State or Country of Organization)

Because the name of this foreign limited liability company now satisfies the requirements of s. 605.0112, Florida Statutes, the limited liability company hereby renounces the following alternate name in the state of Florida:

MURO & ORTENZIO INSURANCE AGENCY, LLC
(Alternate Name Renounced in State of Florida)



Signature of Authorized Person

03/15/2022

Date

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

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TALLAHASSEE, FLORIDA