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SECRETARY OF STATEMENT OF

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Integrity in The (Name of Limited Liability Con	Acreage, LLC.	
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted f	or
Please return all correspondence concerning this matter to:		
Alan MAUL (Contact Person)	- -	
Integrity in The Acrease (Firm/Company)	07 NOV 15 SECRETARY ALLAHASSE	
16573. Key Line Blud.	PM 1: 34 UF STATE E. FLORIDA	
Loxabatchee FL 33470 (City/State and Zip Code)	_	
For further information concerning this matter, please call:		
Name of Contact Person) at (Stellar Code)	2 & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida I \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 30, 2007

SUZETTE FLORES 4611 OKEECHOBEE BLVD. #110 WEST PALM BEACH, FL 33417

SUBJECT: INTEGRITY IN THE ACREAGE, LLC

Ref. Number: L02000026130

We have received your document for INTEGRITY IN THE ACREAGE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 207A00063455

O7 NOV 15 PH 1: 34
SECRETANY OF STATE
TALL AHASSEF, FLORIO



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the of State is:	
2. This limited liability company was organized under the laws of: Flocida	
3. The Florida document/registration number of this limited liability company is	s:
4.I, Suzette Flores, hereby resign as a Pro- (Print Name of Person Resigning) of this limited liability company and affirm the limited liability company has be resignation in writing.	(Print Litte)
Signature of Resigning Member, Managing Member or Manager	07 NOV 15 SECRETAR TALLAHASS
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	I S PM 1: 34, TARY OF STATE ASSEE, FLORID,