

LO30000 26401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

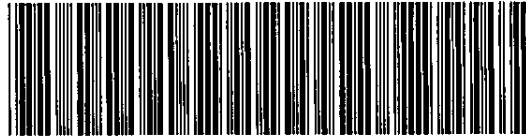
(Business Entity Name)

(Document Number)

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DEC 16 2014
T. CARTER

COVER LETTER

TO: Registration Section
Division of Corporations

DEC 4 '14

SUBJECT: INTEGRAL LOGISTICS LLC
Name of Limited Liability Company

DOCUMENT NUMBER: LO3000026401

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:

ROSEMARY SHARP
Name of Person

INTEGRAL LOGISTICS LLC
Name of Firm/Company

5010 N. HIATUS RD
Address

SUNRISE FL 33351
City/State and Zip Code

rysharp@msn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROSEMARY SHARP at (516) 978-1274
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

DAVID N KESSLER, hereby resigns as
Name of Registered Agent

Registered Agent for INTEGRAL LOGISTICS LLC
Name of Limited Liability Company

LD3000026401
Document Number, if known

EFFECTIVE DEC. 23 '14.

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

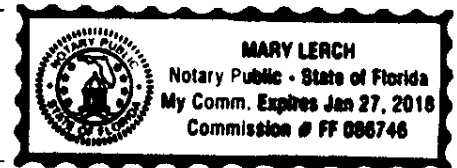
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

[Signature]
Signature of Resigning Agent

If signing on behalf of an entity:

N/A
Typed or Printed Name

Capacity



Mary Lerch
[Signature]

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