103000032629

(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:		
operation of thing officer.		





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02/28/06--01003--003 **25.00

13/326299 OK



CR2E079 (8/05)

COVER LETTER

COVEREETTER	
TO: Registration Section Division of Corporations	
SUBJECT: e-Integrate, LLC (Name of Lim	nited Liability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing	Member or Manager and fee(s) are submitted for filing
Please return all correspondence concerning this	matter to the following:
Paul Bardua	
(Name of Person)	
e-Integrate, LLC	
(Firm/Company)	
2130 Crowsnest Dr.	
(Address)	
Palm Harbor, FL 34685	
(City/State and Zip Code)	
For further information concerning this matter, p	lease call:
Paul Bardua	at (727) 366-1401
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy
	**



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I. Eric Karch	, hereby resign as Manager
	(Title)
of e-Integrate, LLC	
(Limited Liab	ility Company)
a limited liability company organized under the la	aws of the State of Florida
and affirm that the limited liability company has	
Ein Harn	h
(Signature of resigning manager	, managing member or member)
	· · · · · · · · · · · · · · · · · · ·

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:

Division of Corporations
P. ⊃. Box 6327

Tallahassee, FL 32314