## L0400069167

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J. SAULSBERRY EXAMINER

SEP 14 2011

## **COVER LETTER**

CR2E079 (5/06)

TO:	_	stration Section ion of Corporations					
SUBJ	ECT:	The Integrated		Compone		<del></del>	
		(1)	Name of Limited Liability	Company)			
The enfiling.	nclosed	member, managing i	member or manager re	esignation and fee(s) are su	ubmitte	d for	
Please	return	all correspondence c	concerning this matter	to:			
Rich	ard A	A Garcia					
		(Contact Person	n)				
Integ	rated	d Payroll Solutio					
		(Firm/Company	y)		JAT SE	221	
701	NW (		Ste 160	<u>.                                    </u>	CRET/	7011 SEP 13 AM 11:50	مدين سين
		(Address)			ARY SSE	ယ	5
Mian	ni FL	33126			OF'S	<u> </u>	
		(City/State and Zip	Code)		SE SE	<del> .</del> 5	. 40
For fu	rther in	nformation concerning	g this matter, please c	all:	<b>⊅</b>	0	
Rich		A Garcia	at (305	/		_	
	(N	ame of Contact Person)	) (Area C	ode & Daytime Telephone N	umber)		
Enclos	sed ple	ase find a check made  ✓ \$25 Filing Fee		da Department of State for: \$55 Filing Fee & Certified Copy	:		
STRE	ET/C	DURIER ADDRESS	S:	MAILING ADDRES	S:		
_		Section		Registration Section			
		Corporations		Division of Corporation	ons		
Cliftor		_		P.O. Box 6327	2214		
		ve Center Circle Florida 32301		Tallahassee, Florida 33	Z314		



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as Integrated Group L		s of the Florida D	epartm	nent 
2. This limited liab	lity company was organized	d under the laws of:			
3. The Florida docu <u>L0400069</u>	ment/registration number o	f this limited liability cor	npany is:		
,	ame of Person Resigning) pility company and affirm th	, hereby resign as a	(Print Title,	)	
Signature of Resi	gning Member, Managing N	9-9- // Member or Manager			
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	J	SECRETARY OF ST TALLAHASSEE, FLO	2011 SEP 13 AM 11	