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SECRETARY OF STATE
SECR

COVER LETTER

Division of Corporations	
SUBJECT: In tegrity Lifts "LLC" (Name of Limited Liability Company)	
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to:	
Glen Roberts (Contact Person)	
Integrity Lifts LLC (Firm/Company)	
1008 Nightingele Pt.	
Geneva, Fl. 32732 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Glen Roberts (Name of Contact Person) at (407) 394 238-943 (Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy	
STREET/COURIER ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section Division of Corporations Division of Corporations	
lifton Building P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32314	

CR2E079 (5/06)

Tallahassee, Florida 32301



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SECRETARY UP STATE
TALLAHASSEE, FLORIDA

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 it appears on the records of the Florida Department The Hegrity Lifts "LLC"
2. This limited liab	ility company was organized under the laws of:
	ument/registration number of this limited liability company is:
4. I, James	Tame of Person Resigning), hereby resign as a MGRM (Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of Res	igning Member, Managing Member or Manager
O	
<u> </u>	\$25.00 (Required)
Cartified Conv.	\$30.00 (Ontional)