

NOV-18-2009 09:59A FROM: A1A REGISTERED AGENT I (561) 202-8082 TO: 18526176380 P.1

**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : A1A REGISTERED AGENT INC.
Account Number : I20090000032
Phone : (856) 703-8828
Fax Number : (561) 202-8082

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**REGISTERED AGENT RESIGNATION
INTEGRITY SERVICES OF CENTRAL FLORIDA LLC**

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NOV 19 2009

EXAMINER

NOV-18-2009 10:00A FROM:A1A REGISTERED AGENT I (561) 202-8082

TO:18506176380

P.2

4090002434773

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED
LIABILITY COMPANY**

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

A1A REGISTERED AGENT INC.

Name of Registered Agent

, hereby resigns as

Registered Agent for INTEGRITY SERVICES OF CENTRAL FLORIDA LLC

Name of Limited Liability Company

L06000104190

Document Number, if known

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 of Resigning Agent

If signing on behalf of an entity:

TINA MAKI

Typed or Printed Name

PRESIDENT

Capacity

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DIVISION OF CORPORATION**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\$ 25.00	Administratively dissolved/voluntarily dissolved/ withdrawn limited liability company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

INHS(7 (08/05)

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