206000120141

(Re	questor's Name)	
(Ad	dress)	
. (A d	dress)	
(Cit	ty/State/Zip/Phon	e #)
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(Bu	siness Entity Nar	me)
(Do	ocument Number)	1
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2016 APR 18 PH 12: 30

K.SALY EXAMINER APR 19

COVER LETTER

Division of Corporations
SUBJECT: Integrated Fourconnents, LLC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Chastopher Wilt (Contact Person)
Integrated Environments (LC (Firm/Company)
1302 South Dale Mabry Hoy (Address)
Tampa, FL 33629 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (813) 299 3999 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \text{S55 Filing Fee & Certified Copy}\$

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

TO: Registration Section

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CR2E079 (2/14)







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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited lia	ibility company as it appears on the records of the Florida Department
of State is: <u>Integra</u>	ted Environments, LLC.
2. The Florida document/regi	stration number assigned to this limited liability company is:
LO6000120141	·
3. The date this member/man	ager withdrew/resigned or will withdraw/resign is: 01/01/2016
4. I, James Ram (Print Name of Pers	
President (Print Title)	·
of this limited liability compresignation in writing.	pany and affirm the limited liability company has been notified of my
Signature of Dissociating	Member or Resigning Manager
Filing Fee: \$25.00	(Required)
- ((Optional)