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SECRETARY OF STATE
TALL AHASSEE, FLORIO

J. BRYAN

JUN 2 6 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: <u>Integradate</u> (Name	of Limited Liability Company)	
The enclosed member, managing memifiling.	per or manager resignation and fee(s) are submitted for	
Please return all correspondence conce	rning this matter to:	
Modeleine D. Lon (Contact Person)	garay P.D.	
(Firm/Company)	881CIATES INC. ALERE AREA 25	FIL
8360 W. Hogler (Address)	SA. +203	ILEU.
Minori - K. (City/State and Zip Code)	331XV ====================================	<b>D</b>
For further information concerning this	matter, please call:	
(Name of Contact Person)	at (305) W3. 980/ (Area Code & Daytime Telephone Number)	
Enclosed please find a check made pay \$25 Filing Fee	able to the Florida Department of State for:  \$55 Filing Fee &  Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

CR2E079 (5/06)

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of th	e limited liability company a	as it appears on the records of	of the Florida Department
of State is:	Integradata	USA, LLC	·
	bility company was organize		
*	cument/registration number	· · · · · ·	oany is:
	AlcantaRA  Name of Person Resigning)		Hember Horager (Print Title)
of this limited li resignation in w	ability company and affirm triting.	the limited liability company	y has been notified of my
× Signature of Re	signing Member, Managing	Member or Manager	FIL 09 JUN 25 SECRETARY FALLAHASSE
Filing Fee:	\$25.00 (Required)		E of S