## 608000036461

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(Requestor's Name)		
. (Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
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(Document Number)		
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## **COVER LETTER**

**TO:** Registration Section

Tallahassee, Florida 32301

CR2E079 (5/06)

**Division of Corporations** SUBJECT: Integral Aviation Solutions, 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: Ivan Klugman (Contact Person) Integral Aviation Solutions, LLC (Firm/Company) 7100 DeMedici Circle (Address) Delray Beach FL33446 (City/State and Zip Code) For further information concerning this matter, please call: , 4995715 Ivan Klugman (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$55 Filing Fee & **√** \$25 Filing Fee **Certified Copy MAILING ADDRESS:** STREET/COURIER ADDRESS: **Registration Section** Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314



## 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 the limited liability company as it as of State is: Integral Aviation Solutions, I	pears on the records of the Florida Department LC
2. This limited liability company was organized und Florida	ARY I
3. The Florida document/registration number of this L08000036461	of STATE OF
4. I, Ronald Resemblat	, hereby resign as a MGRM
(Print Hame of Person Resigning)	(Print Tule)
of this limited liability company and affirm the lin resignation in writing.	nited lightlity company has been notified of my
Signature of Resigning Member, Managing Mem	er or Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	