L11000048713

	(Requestor's Name)				
	(Address)				
	(Address)				
	(City/State/Zip/Phone #)				
PICK-UI	P WAIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				

Special Instructions to Filing Officer:

L. SELLERS

SEP 26 2011

EXAMINER

Office Use Only



700211779887

09/23/11--01031--028 **55.00



COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: G Integrated, LLC	
(Name of Limited	Liability Company)
The enclosed member, managing member or matiling.	mager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
George de Leon	
(Connet Person)	Maddle-Black Produced for 19 M groups conclus
George de Leon	
1) jung outruit	a Balaideard to all 1987 1987 Age, qua agrapa
TOBS SW IST Martion P.O. BOX	322442
(Addr.ss)	
Pembroke Pines, FL 3308	2
(City State and Zip Code)	
For further information concerning this matter, p	please call:
George de Leon	, 800 , 511-8965 ×107
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th	e Florida Department of State for: \$\sigma \sigma
	Certified Copy
STREET/COURIER ADDRESS:	MAHLING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
266) Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR 21 979 15 060



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 ntegrated, LLC	it appears on the records of	the Florida Department	
2. This limited liab 04/25/2011	ility company was organized	l under the laws of:		
3. The Florida does <u>L11000048</u>	ument/registration number of 3713	ithis limited liability compa	ny is:	
. I. Mikyoung Gum		. hereby resign as a MGR @row Fide		
	ame of Person Resigning)	Print l'iller		
of this limited lia resignation in wr	hility company and affirm thiring.	e limited liability company (has been notified of my	
hish	you of			
Signature of Res	igning Member, Managing N	fember or Manager		
	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)		A STATE OF THE STA	