LIZUCOCTIOIS

(Requestor's Name)				
(Address)				
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COVER LETTER

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: INTEGRAL CONTAINER LI	
(Name of Lin	nited Liability Company)
The enclosed member, resignation or dissoci	iation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
OSCAR ZINGONI	
(Contact Person)	
INTEGRAL CONTAINER LINE LLC.	
(Firm/Company)	
13499 BISCAYNE BLVD. #1510	
(Address)	
NORTH MIAMI, FL. 33181	
(City/State and Zip Code)	
For further information concerning this matt	er, please call:
LAURA COLL	786 222-3651
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable t	-
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	14.14.14.5500; 1 101144 525 1 T

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DÍVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

The name of the limited lia of State is: INTEGRAL Co			ne Florida Department
2. The Florida document/region L12000072013	stration number ass	signed to this limited liability	company is:
3. The date this member/man	ager withdrew/resig	gned or will withdraw/resign	is:
4. I, REYTOR JUAN C (Print Name of Person			
MGR			
(Print Title)			
of this limited liability compresignation in writing. Signature of Dissociating	ym)	limited liability company had been supported by the liability company had been	as been notified of my
· ·	(Required) (Optional)		NOIS