

L13000113155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600256389116

02/10/14--01010--013 \*\*25.00

SECRETARY OF STATE  
PAUL HASSSETT  
FLORIDA

2014 FEB 11 PM 3:26

FILED

FEB 12 2014  
D. BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Golden Integrity Services 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:

Melba H. Leiman  
(Contact Person)

Golden Integrity Services LLC  
(Firm/Company)

3350 NE 192nd St. Apt. 5B  
(Address)

Miami, FL 33180  
(City/State and Zip Code)

For further information concerning this matter, please call:

Yldegarda Benavides at ( 954 ) 422-2970  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

2014 FEB 11 PM 3:26  
FILED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Golden Integrity Services LLC

2. The Florida document/registration number of this limited liability company is:  
L13000113158

3. The date this member withdrew or will withdraw is: February 5th, 2014

4. I, Melba H. Leiman, hereby resign as a MGRM  
*(Print Name of Person Resigning)* *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

\_\_\_\_\_  
Signature of Resigning or Dissociating Manager, Member

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

CR2E079 (12/13)

FILED  
2014 FEB 11 PM 3:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA