

L13 000 113/58

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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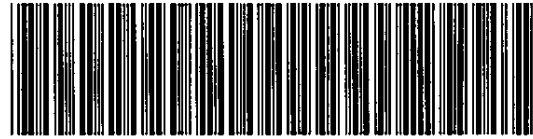
(Business Entity Name)

(Document Number)

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MAR 20 2014  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GOLDEN INTEGRITY SERVICES LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L13000113158

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MELBA H. LEIMAN  
Name of Person

N/A  
Name of Firm/Company

3350 NE 192nd St. Apt. 5B  
Address

Miami, FL 33180  
City/State and Zip Code

melbaleiman@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MELBA H. LEIMAN at ( 786 ) 797-7417  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**MELBA H. LEIMAN**

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for **GOLDEN INTEGRITY SERVICES LLC**


\_\_\_\_\_  
Name of Limited Liability Company

**L13000113158**

\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

**N/A**

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**