

L13 000 113/58

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

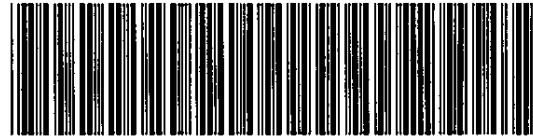
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900257629819

03/20/14--01015--013 **85.00

MAR 20 2014
T CLINE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAR 20 PM 12: 27

FILED

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
2014 MAR 20 PM 12:27
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**

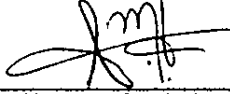
Name of Limited Liability Company

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

2014 MAR 20 PM 12: 27
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**