

L18 000 243 750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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R/A-Resign

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTEGRA MANAGEMENT GROUP, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L18000243750

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:

Kent Rockwell

Name of Person

Universal Registered Agents, Inc.

Name of Firm/Company

7304 W. 130th St., Suite 100

Address

Overland Park, KS 66213

City/State and Zip Code

info@uragents.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kent Rockwell

Name of Person

at (855) 236-9172

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Universal Registered Agents, Inc.

, hereby resigns as

Name of Registered Agent

Registered Agent for INTEGRA MANAGEMENT GROUP, LLC

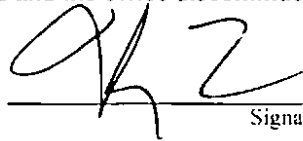
Name of Limited Liability Company

L18000243750

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:

Kent Rockwell

Typed or Printed Name

CEO

Capacity

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

2020 JUL -6 PM 3:41

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