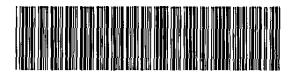
705000108350

(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



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COVER LETTER

Division of Corporations

SUBJECT: The PRIVE Registrate Minusement Tro

(Name of Corporation)

DOCUMENT NUMBER: P0500108350

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Person)

The Way Company

(Name of Film/Company)

(Address)

For further information concerning this matter, please call:

Dei (Re Grandin) at (40) 276 2865 (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Amendment Section

TO:

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

. Clarence Gray	hereby resign as VICE PRESIDE	fr	
of Totally R	eal Estate Management Tra	<u> </u>	
705000 108350 Florida	, a corporation organized under the laws of the State of		
- William	·		
	(Signature of resigning officer/director)	T.	05 OCT
	(organistic or resigning officer director)	ر. ن دري	ت

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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

October 3, 2005

Clarence Graybill 6619 John Alden Way Orlando, Florida 32818

Re: Resignation

To: Integrity Real Estate Management

Please accept this letter of resignation for my position as Vice President for Integrity Real Estate Management Inc. Because of the conflict of the Florida Corporation rules, as a licensed Realtor, I am to able to fulfill this role.

Thank You,

Clarence Graybill,

Sales Associate #SL 3069897

October 3, 2005

To:

Department of Business and Professional Regulations

Re: Resignation

From: Clarence Graybill

To Whom It May Concern:

Attached is copy of my resignation as officer of Integrity Real Estate Management. Because of my status as a licensed Realtor, I am not able to fulfill the role as an officer.

Sales Associate #SL 3069897



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
Jeb Bush, Governor
Simone Marstiller, Secretary



SEPTEMBER 26, 2005

INTEGRITY REAL ESTATE MANAGEMENT INC 6619 JOHN ALDEN WAY ORLANDO, FL 32818

RE: FLORIDA REAL ESTATE COMMISSION

APPLICATION NO. 55493, PROFESSION 2502-CORP

TO WHOM IT MAY CONCERN:

YOUR APPLICATION WAS RECEIVED ON SEPTEMBER 6, 2005 BY THE DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION.

WE REQUEST THE FOLLOWING ADDITIONAL INFORMATION:

A SALES PERSON CANNOT BE AN OFFICER OF THE ORGANIZATION BUT CAN BE A SHARE HOLDER. OUR SYSTEM SHOWS THAT CLARENCE R GRAYBILL IS A LICENSED SALES PERSON. THOUGH INACTIVE, HE NEEDS TO RESIGN AS THE VICE PRESIDENT OF THE CORPORATION, UPDATE YOUR REGISTRATION WITH THE DIVISION OF CORPORATION TO DELETE HIS NAME AND FURNISH DBPR A COPY OF HIS RESIGNATION LETTER. IF HE IS NOT A SHAREHOLDER PLESE UPDATE YOUR DBPR FORM 0040-1 TO DELETE HIS NAME.

PLEASE INCLUDE A COPY OF THIS NOTICE WHEN RETURNING CORRESPONDENCE.

THIS INFORMATION IS NEEDED TO COMPLETE YOUR APPLICATION. NO FURTHER ACTION WILL BE TAKEN ON YOUR APPLICATION UNTIL ALL INFORMATION IS RECEIVED. WHEN CORRESPONDING WITH OUR OFFICES PLEASE QUOTE APPLICATION NO. 55493.

ALL CORRESPONDENCE MUST BE RETURNED TO THE ADDRESS BELOW.

THANK YOU FOR YOUR COOPERATION. IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE NUMBER BELOW.

MAEYD

DBPR 0040-1 - Officers and Directors



STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

NOTE – This form must be submitted as part of an application packet

Please provide information on the partners, managers, officers, or directors for your business entity below.

ORGANIZATION NAME								
Name of Organization	reity !	cal	Foto	ile 1	Varage	ment		
Trade Name	01				V			
	LIABILITY COP							
If your corporation is a limited liability corporation (LLC), is the corporation member managed or manager managed? You can check your Articles of Incorporation for this information. Member Managed Manager Manager Manager Manager Man								
If you are a member managed LLC, below all managers.		mbers.	f you are a	a manage	er managed	LLC, list		
	MANAGEMENT	INFOR	MATION					
Last Name (TRAVDII)	First De	idre	Middle	///	Title BR	Suffix		
Office Held Percentage of Ownership Active Non-Active								
	RESIDENC	E ADDR	ESS, 1		N . /	·		
Street Address or P.O. Box 66 19 John Alden WAY								
City ONINGO			State	1	Zip Code (+4 optional)		
County (if Florida address)	alse	Countr	у	SA		0		
	MANAGEMENT	INFOR						
Last Name	First		Middle	3	Title	Suffix		
Office Held	Percentage of O	wnership	,	Active Non-Acti	ive 🚨			
RESIDENCE ADDRESS								
Street Address or P.O. Box								
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City			State		Zip Code (+4 optional)		
County (if Florida address)		Countr	y					
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STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION Jeb Bush, Governor Simone Marstiller, Secretary



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