P07000084574

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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M/Di Resign

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T. Fleberts JAN 2 2 2009

COVER LETTER

SUBJECT: INTEGRATED AME	NITIES, INC.
	(Name of Corporation)
DOCUMENT NUMBER: P070	000084574
The enclosed Officer/Director Resig	mation for a Corporation and fee are submitted for filing
Please return all correspondence cor	ncerning this matter to the following:
MARK MISTIE	
(Name of Person	on)
MARK MISTIE	
(Name of Firm/Con	mpany)
141 LONDON DRIVE	
(Address)	
PALM COAST, FL 32137	
(City/State and Zip	Code)
For further information concerning t	his matter, please call:
MARK MISTIE	at (386) 447-9006 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made	e payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations



I, MARK MISTIE	, hereby resign as DIRECTOR (Title)	
**	(Title)	
of INTEGRATED AMENITIES,		
(Nar	me of Corporation)	
P07000084574 (Document Number, if known)	, a corporation organized under the laws of the State of	
FLORIDA		
	(Signature of resigning officer/director)	

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