P0000103146

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Considerations to Filing Officer	
Special Instructions to Filing Officer:	

Office Use Only



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resignation

02/23/09--01014--002 **35.00

SECRETARY OF STATE

FILED

Ash lag

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: INTEGRITY 1ST SER	RVICES INC.
	(Name of Corporation)
DOCUMENT NUMBER: P0800	00103166
The enclosed Officer/Director Resign	nation for a Corporation and fee are submitted for filing
Please return all correspondence cond	cerning this matter to the following:
ANTOINETTE SANTE	
(Name of Perso	n)
INTEGRITY 1ST INSURANCE S	ERVICES
(Name of Firm/Con	npany)
2810 NE 14TH ST	
(Address)	
OCALA FL 34474	
(City/State and Zip	Code)
For further information concerning the	is matter, please call:
ANTOINETTE SANTE	at (352) 509-4072 (Area Code & Daytime Telephone Number)
(Name of Person)	(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	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

	DIRECTOR RESIGNATION R A CORPORATION
I, ANTOINETTE SANTE	, hereby resign as PRESIDENT TO THE PRES
of INTEGRITY 1ST SERVICES (Name	INC of Corporation)
P08000103166 (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