

P1300000 10496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

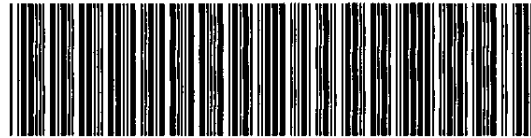
(Business Entity Name)

(Document Number)

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14 DEC - 1 PM 3:54

DEC - 9 2014

T. CARTER

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **INTEGRITY ASSURED INC**
(Name of Corporation)

DOCUMENT NUMBER: **P13000010496**

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

Please return all correspondence concerning this matter to the following:

NICK J. LIGORI

(Name of Person)

NIKN, INC.

(Name of Firm/Company)

P O BOX 1248

(Address)

ODESSA, FL. 33556

(City/State and Zip Code)

For further information concerning this matter, please call:

NICK J. LIGORI

(Name of Person)

at **813 294-9060**

(Area Code & Daytime Telephone Number)

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

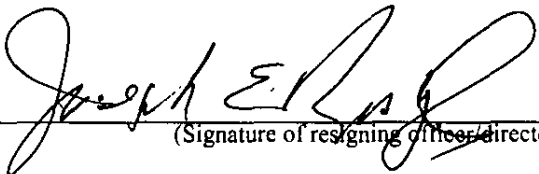
14 DEC -1 PM 3: 54

I, JOSEPH E. RAYL, hereby resign as P, VP, S & T
(Title)

of INTEGRITY ASSURED INC.
(Name of Corporation)

P13000010496, a corporation organized under the laws of the State of
(Document Number, if known)

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