

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000108728

Entity Name: 1ST INTEGRAL SUPPORT TRAVELLER L.L.C.**Current Principal Place of Business:**10880 NW 8TH. ST.
PEMBROKE PINES, FL 33026**Current Mailing Address:**10880 NW 8TH. ST.
PEMBROKE PINES, FL 33026**FEI Number:** 27-0274658**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CHAVEZ, JORGE
10880 NW 8TH. ST.
PEMBROKE PINES, FL 33026 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MGRM
Name	WESTON CORDERO, ERICK
Address	10880 NW 8TH. ST.
City-State-Zip:	PEMBROKE PINES FL 33026

Title	MGRM
Name	PENA ALEGRE, EDUARDO
Address	10880 NW 8TH. ST.
City-State-Zip:	PEMBROKE PINES FL 33026

Title	MGRM
Name	VEGA PINEDO, ROBERTO
Address	10880 NW 8TH. ST.
City-State-Zip:	PEMBROKE PINES FL 33026

Title	MGRM
Name	CHAVEZ, JORGE
Address	10880 NW 8TH. ST.
City-State-Zip:	PEMBROKE PINES FL 33026

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JORGE CHAVEZ

MGMR

04/28/2013

Electronic Signature of Signing Authorized Person(s) Detail_____
Date