

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000014726

**Entity Name:** INTEGRAL SOLUTIONS INVESTORS, L.L.C.

**Current Principal Place of Business:**

2655 LEJEUNE ROAD, SUITE 1108  
CORAL GABLE, FL 33134

**Current Mailing Address:**

2655 LEJEUNE ROAD, SUITE 1108  
CORAL GABLE, FL 33134

**FEI Number: 26-2127573**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

IURMAN, MARGA  
2655 LEJEUNE ROAD, SUITE 1108  
CORAL GABLES, FL 33134 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 MGR  
Name IURMAN, MARGA  
Address 2655 LEJEUNE ROAD, SUITE 1108  
City-State-Zip: CORAL GABLE FL 33134

Title MGR  
Name IURMAN, MAURO  
Address 2655 LEJEUNE ROAD, SUITE 1108  
City-State-Zip: CORAL GABLE FL 33134

Title MGR  
Name IURMAN, HENRY  
Address 2655 LEJEUNE ROAD, SUITE 1108  
City-State-Zip: CORAL GABLE FL 33134

*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: HENRY IURMAN**

**MANAGER**

**03/13/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date