

**2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L17000012688

**FILED**  
**Jun 25, 2019**  
**Secretary of State**  
**2121295904CC**

**Entity Name:** INTEG MIAMI LLC

**Current Principal Place of Business:**

10072 NW 50TH ST  
SUNRISE, FL 33351

**Current Mailing Address:**

10072 NW 50TH ST  
SUNRISE, FL 33351 US

**FEI Number:** 81-5082684

**Certificate of Status Desired:** No

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

SUAREZ, MILAGROS M  
10001 NW 50TH ST, UNIT W1  
SUNRISE, FL 33351 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            PRESIDENT  
Name            SUAREZ, MIGUEL A  
Address        1952 WATER RIDGE  
City-State-Zip: WESTON FL 33326

Title            MANAGER  
Name            SUAREZ, MILAGROS  
Address        10001 NW 50TH ST, UNIT W1  
City-State-Zip: SUNRISE FL 33351

Title            MANAGER  
Name            VALDES, KAREL  
Address        10072 NW 50TH ST  
City-State-Zip: SUNRISE FL 33351

Title            VP  
Name            ROA, GERMAN  
Address        10072 NW 50TH ST  
City-State-Zip: SUNRISE FL 33351

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MILAGROS SUAREZ

**MANAGER**

**06/25/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date