

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000012688

Entity Name: INTEG MIAMI LLC

Current Principal Place of Business:

10001 NW 50TH ST, SUITE 107
SUNRISE, FL 33351

Current Mailing Address:

10001 NW 50TH ST, SUITE 107
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 107
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 BENAVIDES, SUSANA A
Address 10072 NW 50TH ST
City-State-Zip: SUNRISE FL 33351

Title MANAGER
Name SUAREZ, MILAGROS
Address 10001 NW 50TH ST, UNIT 107
City-State-Zip: SUNRISE FL 33351

Title MANAGER
Name VALDES, KAREL
Address 10001 NW 50TH ST, SUITE 107
City-State-Zip: SUNRISE FL 33351

Title VP
Name ROA, GERMAN
Address 10001 NW 50TH ST, SUITE 107
City-State-Zip: SUNRISE FL 33351

Title VP
Name SUAREZ, MIGUEL
Address 10001 NW 50TH ST, SUITE 107
City-State-Zip: SUNRISE FL 33351

Title MANAGER
Name MATIAS, GENARO
Address 10001 NORTHWEST 50TH STREET,
SUITE 107
City-State-Zip: SUNRISE FL 33351

Title MANAGER
Name PEREIRA, EDUARDO
Address 10001 NORTHWEST 50TH STREET,
SUITE 107
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

05/03/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date