## 2024 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

**FILED** Apr 26, 2024

**Secretary of State** 

8843237678CC

Authorized Person(s) Detail:

Title **PRESIDENT** 

BENAVIDES, SUSANA A Name

10001 NW 50TH ST, SUITE 107 Address

SUNRISE FL 33351 City-State-Zip:

Title MANAGER

VALDES, KAREL Name

Address 10001 NW 50TH ST, SUITE 107

City-State-Zip: SUNRISE FL 33351

\/P Title

SUAREZ. MIGUEL Name

10001 NW 50TH ST, SUITE 107 Address

City-State-Zip: SUNRISE FL 33351

Title MANAGER

Name SUAREZ, MILAGROS

Address 10001 NW 50TH ST, SUITE 107

City-State-Zip: SUNRISE FL 33351

VΡ Title

Name ROA, GERMAN

Address 10001 NW 50TH ST, SUITE 107

SUNRISE FL 33351 City-State-Zip:

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

Electronic Signature of Signing Authorized Person(s) Detail

**MANAGER** 

04/26/2024

Date