2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000002228

1. Entity Name

INTEGRITY FINANCIAL SYSTEMS, LLC



FILED Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90229 050 ****50.00

					See He Trust					
Principal Plac	e of Busines	s	Mailing Address	Mailing Address			000000	O.T.		
40 S. RIDGEWOOD AVE RMOND BEACH FL 32174				740 S. RIDGEWOOD AVE ORMOND BEACH FL 32174			20009201			
2. Principal F	Place of Busin	ess	3. Mailing Address	3. Mailing Address						
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & Stat	e		City & State	City & State			59-3636158		Applied For Not Applicable	
Zip		Country	Zip	Zip Country			5. Certificate of Status Desired S5.00 Additional Fee Required			
	6. Name	and Address of Curr	ent Registered Agent		Ĭ	7. Name and Ad	dress of New Regist	ered Agent	·	
ARMAN, MICHAEL P					Name					
740	S. RIDGEW					Street Address (P.O. Box Number is Not Acceptable)				
0.111	10115 55 10				•					
					City			FL Zip C	ode	
 The above the obligation 	named entity ions of registe	submits this statemer ered agent.	nt for the purpose of changing	its register	ed office or register	red agent, or both, in	n the State of Florida.	I am familiar wi	th, and accept	
SIGNATURE .	Signature typed	or printed name of registered a	gent and title if applicable (A	OTE: Pagietaro	d Agent signature required	d when rejectation	 ,	DATE	•	
	o-gridder, typed	or printed rights of registered at				o when reinstating)		DATE		
					FEE IS \$50.00	•				
			Make Check Paya		orida Departme ay 1, 2003	nt of State				
<u> </u>		MANAGING MEN	MBERS/MANAGERS	10.	ay 1, 2000		ADDITIONS/CHAP	NGES		
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1. I hereby c	ertify that the	information supplied v	with this filing does not qualify	for the exer	mption stated in Se	ection 119.07(3)(i), Fl	orida Statutes. I furthe	er certify that the	information	

indicated on this report is true and accurate and that my 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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