

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L01000004639**

1. Entity Name

INTEGRA CONSULTING TEAM LLC



Principal Place of Business

1250 E. HALLANDALE BEACH BLVD.  
SUITE 1007  
HALLANDALE FL 33009

Mailing Address

1250 E. HALLANDALE BEACH BLVD.  
SUITE 1007  
HALLANDALE FL 33009



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1077916

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DRESSLER, PATRICIA  
1250 HALLANDALE BEACH BLVD.  
SUITE 1007  
MIAMI FL 33009

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

(Signature, typed or printed name of my period agent and title if applicable)

(NOTE: Registered Agent's signature required when registering)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME LEAD INTERNATIONAL SERVICES, INC.  
STREET ADDRESS 1250 E. HALLANDALE BLVD.  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ Change ☐ Addition  
NAME 000000046805  
STREET ADDRESS 03/18/08-80043-004 138.75  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME MURPHY CONSULTING SERVICES GROUP, INC.  
STREET ADDRESS 1250 E. HALLANDALE BLVD.  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further 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 609, Florida Statutes.

**SIGNATURE:** *Patricia Dressler* *02/28/08* *(954) 485 4402*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #