FILED
Apr 22, 2004 8:00 am
Secretary of State
03-09-2004 90291 008 ****50.00
03-25-2004 90214 036 ****50.00

34003864

MOORE CR2E083 (11/03)

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L01000013829

1. Entity Name
UNITED INTEGRITY, LLC

Principal Place of Business	Mailing Address
230 NORTH WESTMONTE DRIVE, SUITE 2100 ALTAMONTE SPRINGS FL 32714	230 NORTH WESTMONTE DRIVE, SUITE 2100 ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip / Country

3. Mailing Address
4500 Sailbreeze Ct
Suite, Apt. #, etc.
City & State: Orlando FL
Zip: 32810 Country: US

4. FEI Number: 59-3748255 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
TURNER, DEBORAH J
4500 SAILBREEZE COURT
ORLANDO FL 32810
3/30/04

7. Name and Address of New Registered Agent
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 2/29/04
Signature, typed or printed name of registered agent and title if applicable. DATE: Registered Agent must sign for each resulting

FILE NOW!!! FEE IS $50.00
Make Check Payable To Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	☐ Delete
NAME	TURNER, DEBORAH J	
STREET ADDRESS	230 N WESTMONTE DR #2100	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Addition

THIS IS OUR COMPANY AND OUR ADDRESS. WE HAVE SENT YOU 2 CHECKS FOR $50.00 EACH SO YOU HAVE $100.00 FOR THE 2004 LLC # 13829
4-20-04

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 608, Florida Statutes.

SIGNATURE: 3/30/04 407-865-
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

3477