FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 08, 2002 8:00 am § Secretary of State DOCUMENT # L01000015561 05-08-2002 90086 010 ****55.00 INTEGRATED SERVICES AND ADMINISTRATION LLC Principal Place of Business Mailing Address **603 WATERWAY VILLAGE COURT** 603 WATERWAY VILLAGE COURT WEST PALM BEACH FL 33413 WEST PALM BEACH FL 33413 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FFI Number Applied For *651149*86*5* Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DE LA PENA . ERIKA DE LA PENA. OSCAR Street Address (P.O. Box Number is Not Acceptable) 603 WATERWAY VILLAGE COURT WEST PALM BEACH FL 33413 603 WATERWAY VILLAGE COURT WEST PALM BEACH 8. The above named of tity submits this statement for The purpose of changing its registered office or registered agent, or both, in the State of Florida ERIKA DE LA PENA, OPERATING MANAGER 04-23-02 (NOTE: Registered Agent signature required when reinstating) DATE SIGNATURE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES ☐ Delete TITI F Addition MGRM Change NAME NAME OSCAR DE LA PENA STREET ADDRESS STREET ADDRESS 603 WATERWAY VILLAGE COURT CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH, FL. 33413 Delete TITLE MGRM ☐ Change Addition NAME NAME GLORIA SAKCHEZ STREET ADDRESS STREET ADDRESS 603 WATERWAY VILLAGE LOURT CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH, FL. 33413 TITLE ☐ Delete TITLE MGRM ☐ Change ▼ Addition NAME NAME MARIBEL DE LA PENA STREET ADDRESS STREET ADDRESS 603 WATERWAY VILLAGE COURT CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH , FL. 33443 TITLE ☐ Delete TITLE MGRM ☐ Change X Addition NAME NAME ERIKA DE LA PENA STREET ADDRESS STREET ADDRESS 603 WATERWAY VILLAGE COURT CITY-ST-7IP CITY-ST-ZIP WEST PALM BEACH , PL. 334/3 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ACUAD ERIKA DE LA PENA 04.23-02 (561)641-0156 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF

☐ Delete

TITI F

NAME

STREET ADDRESS

CITY-ST-ZIP

Addition

☐ Change