

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004173

FILED
Apr 28, 2009
Secretary of State

Entity Name: INTEGRATION SYSTEMS LLC

Current Principal Place of Business:

350 FAIRWAY DRIVE
SUITE 110
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

Current Mailing Address:

350 FAIRWAY DRIVE
SUITE 110
DEERFIELD BEACH, FL 33441

New Mailing Address:

FEI Number: 01-0604567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BECKEN, DEAN W
5911 NW 122ND DRIVE
CORAL SPRINGS, FL 33076 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KEENE, EARL T MR.
Address: 2608 NE 22ND AVENUE
City-St-Zip: LIGHTHOUSE POINT, FL 33064 US

Title: MGR () Delete
Name: BECKEN, DEAN W MR.
Address: 5911 NW 122ND DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: MGR () Delete
Name: KEENE, DEREK E
Address: 4901 NE 28 AVE
City-St-Zip: LIGHTHOUSE POINT, FL 33064

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: BECKEN, DEAN W MR.
Address: 5911 NW 122ND DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: DEAN W. BECKEN

MGRM

04/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date