

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019408

FILED
Jan 11, 2007
Secretary of State

Entity Name: INTEGRITY FIRST INSURANCE SERVICES, LLC

Current Principal Place of Business:

452 OSCEOLA ST
SUITE 113
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

452 OSCEOLA ST
SUITE 111
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

4500 SAILBREEZE COURT
C/O DEBORAH J. TURNER
ORLANDO, FL 32810

New Mailing Address:

FEI Number: 04-3735306 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TURNER, DEBORAH J
4500 SAILBREEZE COURT
ORLANDO, FL 32810 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: TURNER, DEBORAH J
Address: 230 N. WESTMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: PRES () Change (X) Addition
Name: TURNER, NANCY E
Address: 452 OSCEOLA ST
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBORAH J TURNER

MGM

01/11/2007

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