

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

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90014 044 \*\*\*138.75

**DOCUMENT # L02000030448**

1. Entity Name

INTEGRITY MANAGEMENT OF FLORIDA, LLC



Principal Place of Business

4401 GULF OF MEXICO DRIVE  
LONGBOAT KEY FL 34228

Mailing Address

~~PO BOX 2160X~~  
~~LINCOLN NE 68512~~

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

3. Mailing Address

8033 South 15th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite C

City & State

City & State

Lincoln, NE

Zip

Country

Zip

Country

68512

USA

1st MOORE

CR2E083 (10/07)

4. FEI Number

57-1139176

Applied For

Not Applicable

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

MAULE, KEITH A  
4401 GULF OF MEXICO DRIVE  
LONGBOAT KEY FL 34228

Name

David Cygan

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

4401 Gulf of Mexico Drive

City

Longboat Key, Florida

Zip Code

34228

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 29, 2008

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

TITLE MGR  
NAME MAULE, KEITH A  
STREET ADDRESS 4401 GULF OF MEXICO DRIVE  
CITY - ST - ZIP LONGBOAT KEY FL 34228 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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10. ADDITIONS / CHANGES

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

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

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

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 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #