

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # L03000008471

1. Entity Name
INTEGRA N.A., LLC



Principal Place of Business
2121 PONCE DE LEON BLVD., SUITE 330
CORAL GABLES, FL 33134

Mailing Address
2121 PONCE DE LEON BLVD., SUITE 330
CORAL GABLES, FL 33134



02102006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0680305

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ORTIZ, MICHAEL ESQ
2121 PONCE DE LEON, SUITE 330
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME FREUDENTHALER, EDMUNDO
STREET ADDRESS 2121 PONCE DE LEON BLVD., #330
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE MGRM
NAME FREUDENTHALER, ALICIA
STREET ADDRESS 2121 PONCE DE LEON BLVD., #330
CITY-ST-ZIP CORAL GABLES, FL 33134

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05/13/06-80049-002 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 609, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #

Authorized

Representative 3/1/06 305 476 5240