



**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000008471</b> 1. Entity Name <b>INTEGRA N.A., LLC</b>	
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Principal Place of Business <b>2121 PONCE DE LEON BLVD., SUITE 330 CORAL GABLES, FL 33134</b>	Mailing Address <b>2121 PONCE DE LEON BLVD., SUITE 330 CORAL GABLES, FL 33134</b>
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**DO NOT WRITE IN THIS SPACE**



01042008No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>02-0680305</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**


U000000924748  
05/19/08-80013-025 138.75

**9. MANAGING MEMBERS/MANAGERS**

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

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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 608, Florida Statutes.

**SIGNATURE:**  *Michael Ortiz Auth. Rep.*      3/12/08      305-476 5270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #