

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008471

Entity Name: INTEGRA N.A., LLC

FILED
Apr 01, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

1430 S. DIXIE HIGHWAY
SUITE 321
CORAL GABLES, FL 33146

Current Mailing Address:

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

New Mailing Address:

1430 S. DIXIE HIGHWAY
SUITE 321
CORAL GABLES, FL 33146

FEI Number: 02-0680305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ORTIZ, MICHAEL ESQ
1430 S DIXIE HIGHWAY
SUITE 321
CORAL GABLES, FL 33146 US

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: MICHAEL ORTIZ

04/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FREUDENTHALER, EDMUNDO
Address: 2121 PONCE DE LEON BLVD., #330
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: FREUDENTHALER, ALICIA
Address: 2121 PONCE DE LEON BLVD., #330
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FREUDENTHALER, EDMUNDO
Address: 1430 S. DIXIE HIGHWAY, SUITE #321
City-St-Zip: CORAL GABLES, FL 33146

Title: MGRM (X) Change () Addition
Name: FREUDENTHALER, ALICIA
Address: 1430 S. DIXIE HIGHWAY, SUITE #321
City-St-Zip: CORAL GABLES, FL 33146

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: MICHAEL ORTIZ

RA

04/01/2009

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