

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000038979

**FILED**  
**Jan 04, 2006**  
**Secretary of State**

**Entity Name:** INTEGRITY TRUST PROPERTY MANAGEMENT LLC

**Current Principal Place of Business:**

P.O. BOX 153053  
TAMPA, FL 33684 US

**New Principal Place of Business:**

10910 SHELDON RD  
TAMPA, FL 33626 US

**Current Mailing Address:**

P.O. BOX 153053  
TAMPA, FL 33684 US

**New Mailing Address:**

10910 SHELDON RD  
TAMPA, FL 33626 US

**FEI Number:** 35-2218314 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BENNETT, KEVIN  
6612 REEF CIR  
TAMPA, FL 33625 US

**Name and Address of New Registered Agent:**

BENNETT, KEVIN  
1341 BROOKE VIEW DR  
ODESSA, FL 33556 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: KEVIN BENNETT

01/04/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BENNETT, AUTUMN M  
Address: P.O. BOX 153053  
City-St-Zip: TAMPA, FL 33684 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BENNETT, AUTUMN M  
Address: 1341 BROOKE VIEW DR  
City-St-Zip: ODESSA, FL 33626 US

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: AUTUMN BENNETT

MGR

01/04/2006

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