

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000038952

FILED
Jan 12, 2008
Secretary of State

Entity Name: INTEGRA, L.L.C.

Current Principal Place of Business:

326 E. HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

Current Mailing Address:

326 E. HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009

New Mailing Address:

FEI Number: 80-0115861

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUSTANG FORT PIERCE, LLC
326 E. HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CHURBA, AARON
Address: 326 E. HALLANDALE BEACH BLVD.
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: MGR () Delete
Name: DAIAGI, MIKE
Address: 326 E. HALLANDALE BEACH BLVD
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: MGR () Delete
Name: MAYAN, HAIM
Address: 400 S DIXIE HWY SUITE 02
City-St-Zip: HALLANDALE BEACH, FL 33009

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MIKE DAIAGI

MGR

01/12/2008

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