

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000050988

1. Entity Name
INTEGRA MORTGAGE AND LENDING, LLC



Principal Place of Business
1829 NORTHWEST 10TH STREET
OCALA, FL 34475

Mailing Address
1829 NORTHWEST 10TH STREET
OCALA, FL 34475



05012008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-2005905

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

**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

U000000942671
05/29/08-80028-021 150.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME JOHNSTON, RYAN D
STREET ADDRESS 1829 NORTHWEST 10TH STREET
CITY-ST-ZIP OCALA, FL 34475

TITLE MGR
NAME DOHER, CHAD C
STREET ADDRESS 1829 NORTHWEST 10TH STREET
CITY-ST-ZIP OCALA, FL 34475

TITLE T
NAME DOHER, GABRIEL
STREET ADDRESS 1829 NORTHWEST 10TH STREET
CITY-ST-ZIP OCALA, FL 34475

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 608, Florida Statutes.

SIGNATURE: _____

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

GABE DOHER

5-1-08

Date

352-840-9611

Daytime Phone #