

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 27, 2007 8:00 am
Secretary of State

07-27-2007 90020 003 ****50.00

DOCUMENT # L04000077487

1. Entity Name,

INTEGRITY PROFESSIONAL PROTECTION LLC



Principal Place of Business

7450 N. OAKMONT DRIVE
HIALEAH FL 33015

change

Mailing Address

7450 N. OAKMONT DRIVE
HIALEAH FL 33015

2. Principal Place of Business - No P.O. Box #

2355 NW 51 ST UNIT B

Suite, Apt. #, etc.

3. Mailing Address

2355 NW 51 ST UNIT B

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/07)



City & State

MIAMI Florida

Zip
33142

Country

DADE

City & State

MIAMI Florida

Zip
33142

Country

DADE

4. FEI Number

42-1664941

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MENDOZA, FRANCISCO W
7450 N. OAKMONT DRIVE
HIALEAH FL 33015

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typewritten or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MENDOZA, FRANCISCO W	
STREET ADDRESS	1210 NW 186 STREET	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	ENAMORADO, MARLON	DELETE
STREET ADDRESS	10833 NW 7 ST. #13IVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]*

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

07/23/07

Date

305-636-3752

Daytime Phone #