# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 19, 2007**
**Secretary of State**

DOCUMENT# L05000048630

**Entity Name:** INTEGRICOR, LLC

**Current Principal Place of Business:**

1015 E 7TH AVE.
TALLAHASSEE, FL 32303 US

**New Principal Place of Business:**

426 N. RIDE
TALLAHASSEE, FL 32303 US

**Current Mailing Address:**

PO BOX 3783
TALLAHASSEE, FL 323153783 US

**New Mailing Address:**

**FEI Number: 20-2846556** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

KNIGHT, SUMMER S
426 NORTH RIDE
TALLAHASSEE, FL 32303 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: MGRM ( ) Delete
Name: KNIGHT, SUMMER S
Address: 426 NORTH RIDE
City-St-Zip: TALLAHASSEE, FL 32303

**ADDITIONS/CHANGES:**

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

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: SUMMER S. KNIGHT MGRM 04/19/2007

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