

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90041 018 \*\*\*138.75

**DOCUMENT # L06000014925**

1. Entity Name  
**THE INTEGRITA GROUP, LLC**



Principal Place of Business  
**4010 BOY SCOUT BLVD., SUITE 200  
TAMPA, FL 33607**

Mailing Address  
**4010 BOY SCOUT BLVD., SUITE 200  
TAMPA, FL 33607**



01092008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-4346702**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**FELMAN, DAVID S  
101 EAST KENNEDY BLVD., SUITE 3700  
TAMPA, FL 33602**

**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**

**9. MANAGING MEMBERS/MANAGERS**

TITLE **P**  
NAME **CAROTHERS, DAVID SR**  
STREET ADDRESS **6027 AUDUBON MANOR BLVD**  
CITY-ST-ZIP **LITHIA, FL 33547**

TITLE **V**  
NAME **DEANGELO, DINDI**  
STREET ADDRESS **907 SE 12TH ST**  
CITY-ST-ZIP **DEERFIELD BEACH, FL 33441**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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: *Alana Holloway* *Contrallor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*1/9/08*

Date

*727-796-8920*

Daytime Phone #