

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000091739

FILED  
May 09, 2010  
Secretary of State

Entity Name: INTEGRATED INVESTORS, LLC.

**Current Principal Place of Business:**

1413 CEDAR LAKE DR  
ORLANDO, FL 32824

**New Principal Place of Business:**

**Current Mailing Address:**

2212 STONE LAKE CT  
ORLANDO, FL 32824

**New Mailing Address:**

1413 CEDAR LAKE DR  
ORLANDO, FL 32824

FEI Number: 20-5586522      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

HERNANDEZ, RAUL E SR.  
2212 STONE LAKE CT  
ORLANDO, FL 32824      US

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

HERNANDEZ, RAUL E SR.  
1413 CEDAR LAKE DR.  
ORLANDO, FL 32824      US

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: RAUL HERNANDEZ

05/09/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: RODRIGUEZ, GEOVANNI A SR.  
Address: 2227 CHATHAM PLACE DR.  
City-St-Zip: ORLANDO, FL 32824 US

Title: P  
Name: HERNANDEZ, RAUL C MRS.  
Address: 1413 CEDAR LAKE DR  
City-St-Zip: ORLANDO, FL 32824 US

Title: MGRM  
Name: RIOS, JOSE V SR.  
Address: 2239 CHATHAM PLACE DR.  
City-St-Zip: ORLANDO, FL 32824 US

Title: MGR  
Name: RENGIFO, EDDY  
Address: 3029 NE 188 ST. #509  
City-St-Zip: AVENTURA, FL 33180

I hereby 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: RAUL HERNANDEZ

P

05/09/2010

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