

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000092132

Entity Name: INTEGRASCAPES LLC

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

1627 E EVELYN STREET
HERNANDO, FL 34442

New Principal Place of Business:

Current Mailing Address:

8691 W BASS LAKE RD
CRYSTAL RIVER, FL 34428

New Mailing Address:

FEI Number: 86-1174613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVENS, WALTON D
8691 W BASS LAKE RD.
CRYSTAL RIVER, FL 34428 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: STEVENS, WALTON D
Address: 8691 W. BASS LAKES RD
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: MGRM () Delete
Name: STEVENS, ROGER D
Address: 1627 E EVELYN STREET
City-St-Zip: HERNANDO, FL 34442

Title: MGRM (X) Delete
Name: STEVENS, MICHAEL D
Address: 1627 E EVELYN STREET
City-St-Zip: HERNANDO, FL 34442

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: WALTON D. STEVENS

MGRM

04/20/2009

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