

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000094906

1. Entity Name
INTEGRITY HOLDINGS, LLC



Principal Place of Business

**8004 NW 154 STREET
198
MIAMI LAKES, FL 33016**

Mailing Address

**8004 NW 154 STREET
198
MIAMI LAKES, FL 33016**



01102008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2215364

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ORTA, CALIXTO
16411 STONEHAVEN RD
MIAMI LAKES, FL 33014**

**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 | MGRM |
| NAME | ORTA, CALIXTO |
| STREET ADDRESS | 16411 STONEHAVEN RD |
| CITY-ST-ZIP | MIAMI LAKES, FL 33014 |
| TITLE | MGRM |
| NAME | KHAN, RAFAEL |
| STREET ADDRESS | 1655 CURRYVILLE ROAD |
| CITY-ST-ZIP | CHULUOTA, FL 32766 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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01/15/08-80062-007-143.75

**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:

Calixto Ota
Calixto Ota

1/10/08

305-828-4390

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

Date

Daytime Phone #