2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# L06000094906

Entity Name: INTEGRITY HOLDINGS, LLC

Current Principal Place of Business:

8004 NW 154 STREET
198
MIAMI LAKES, FL 33016

New Principal Place of Business:

8004 NW 154 STREET
#198
MIAMI LAKES, FL 33016

Current Mailing Address:

8004 NW 154 STREET
198
MIAMI LAKES, FL 33016

New Mailing Address:

8004 NW 154 STREET
#198
MIAMI LAKES, FL 33016

FEI Number: 41-2215364 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ORTA, CALIXTO
8004 NW 154 STREET
#198
MIAMI LAKES, FL 33016 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: CALIXTO ORTA 01/20/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ORTA, CALIXTO
Address: 16411 STONEHAVEN RD
City-St-Zip: MIAMI LAKES, FL 33014

Title: MGRM ( ) Delete
Name: KHAN, RAFEEK
Address: 1655 CURRYVILLE ROAD
City-St-Zip: CHULUOTA, FL 32766

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ORTA, CALIXTO
Address: 8004 NW 154 STREET, #198
City-St-Zip: MIAMI LAKES, FL 33016

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: CALIXTO ORTA MGRM 01/20/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date