

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000095772

1. Entity Name
INTEGRITY ELEVATOR INSPECTIONS L.L.C.



Principal Place of Business
**1008 NIGHTINGALE POINT
GENEVA, FL 32732 US**

Mailing Address
**1008 NIGHTINGALE POINT
GENEVA, FL 32732 US**

DO NOT WRITE IN THIS SPACE



01312008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
01-0875417

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROBERTS, GLEN R
1008 NIGHTINGALE POINT
GENEVA, FL 32732**

**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

Glen R. Roberts
Signature typed or printed name of registered agent and title if applicable

GLEN R. ROBERTS MANAGER
(NOTE: Registered Agent signature required when reinstating)

1-31-08
DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ROBERTS, GLEN R
1006 NIGHTINGALE POINT
GENEVA, FL 32732**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HONTZ, DRUE SR.
4009 MANOR WOOD DRIVE
MYRTLE BEACH, SC 29588**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000318562
02/15/08-80047-029 143.75

**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:

Glen R. Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-31-08

Date

407 625 3171

Daytime Phone #