

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000009979

FILED
Apr 01, 2008
Secretary of State

Entity Name: INTEGRITY HOME SERVICES, LLC

Current Principal Place of Business:

9 KALE COURT
PALM COAST, FL 32165

New Principal Place of Business:

9 KALE COURT
PALM COAST, FL 32164

Current Mailing Address:

9 KALE COURT
PALM COAST, FL 32165

New Mailing Address:

9 KALE COURT
PALM COAST, FL 32164

FEI Number: 41-2226058

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAMPBELL, ERIKA J
9 KALE COURT
PALM COAST, FL 32165 US

Name and Address of New Registered Agent:

CAMPBELL, ERIKA J
9 KALE COURT
PALM COAST, FL 32164 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: ERIKA CAMPBELL

04/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CAMPBELL, GREGORY C
Address: 9 KALE COURT
City-St-Zip: PALM COAST, FL 32165

Title: MGRM () Delete
Name: CAMPBELL, ERIKA J
Address: 9 KALE COURT
City-St-Zip: PALM COAST, FL 32165

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CAMPBELL, GREGORY C
Address: 9 KALE COURT
City-St-Zip: PALM COAST, FL 32164

Title: MGRM (X) Change () Addition
Name: CAMPBELL, ERIKA J
Address: 9 KALE COURT
City-St-Zip: PALM COAST, FL 32164

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: ERIKA CAMPBELL

MGRM

04/01/2008

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