

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000070452

FILED  
Apr 16, 2008  
Secretary of State

**Entity Name:** INTEGRITY INSURANCE ADVISORS LLC

**Current Principal Place of Business:**

4411 E. ARLINGTON STREET  
INVERNESS, FL 34453

**New Principal Place of Business:**

**Current Mailing Address:**

4411 E. ARLINGTON STREET  
INVERNESS, FL 34453

**New Mailing Address:**

**FEI Number:** 26-0488417

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BICKFORD, LAURA LEE  
2597 N. VIRGINIA 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: BICKFORD, LAURA LEE  
Address: 2597 N. VIRGINIA RD  
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: MGRM ( ) Delete  
Name: WAHL, TONY R  
Address: 721 W. OLYMPIA 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:

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:** LAURA LEE BICKFORD

MGRM

04/16/2008

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