2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# L07000070452

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: TONY R WAHL MGRM 04/06/2009

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