


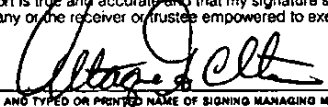
FILED
Mar 14, 2008 8:00 am
Secretary of State

02-18-2008 90071 019 ***138.75

**2008 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

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30002265

DOCUMENT # L07000080068					
1. Entity Name CA INTEGRAL SOLUTIONS, LLC					
Principal Place of Business 304 TIMBERCOVE CIR LONGWOOD, FL 32779			Mailing Address 304 TIMBERCOVE CIR LONGWOOD, FL 32779		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 26-0714046	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CHRISTENS, ALTAGRACIA 304 TIMBERCOVE CIR LONGWOOD, FL 32779				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
FL				Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHRISTENS, ALTAGRACIA 304 TIMBERCOVE CIR LONGWOOD, FL 32779	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date: 1/27/08		Daytime Phone #: 407-506-9069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					