

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000117930

FILED
Jun 08, 2008
Secretary of State

Entity Name: INTENTIONAL INTEGRITY, LLC

Current Principal Place of Business:

12023 COLONIAL ESTATES LN.
RIVERVIEW, FL 33579 US

New Principal Place of Business:

Current Mailing Address:

12023 COLONIAL ESTATES LN.
RIVERVIEW, FL 33579 US

New Mailing Address:

6919 GRAY OAK PLACE
RIVERVIEW, FL 33578 US

FEI Number: 26-1535782 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
320 S. FLAMINGO ROAD
#347
PEMBROKE PINES, FL 33027 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: DELL, PETER
Address: 12023 COLONIAL ESTATES LN.
City-St-Zip: RIVERVIEW, FL 33579 US

Title: MGRM () Delete
Name: COSBY, DAN
Address: 12023 COLONIAL ESTATES LN.
City-St-Zip: RIVERVIEW, FL 33579 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: COSBY, DAN
Address: 12023 COLONIAL ESTATES LN.
City-St-Zip: RIVERVIEW, FL 33578 US

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: DAN COSBY

MGRM

06/08/2008

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