

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000121639

FILED
Jun 18, 2009
Secretary of State

Entity Name: INTAGRADE LLC

Current Principal Place of Business:

9540 CAVENDISH DRIVE
TAMPA, FL 33626 US

New Principal Place of Business:

11885 GRAND COMMONS AVE
317
FAIRFAX, VA 22030 US

Current Mailing Address:

9540 CAVENDISH DRIVE
TAMPA, FL 33626 US

New Mailing Address:

FEI Number: 02-0667815 **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:

TODD, FULMINO S
9540 CAVENDISH DRIVE
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

GARY, HENSLEY
9540 CAVENDISH DRIVE
TAMPA, FL 33626 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: GARY HENSLEY

06/18/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TODD, FULMINO S
Address: 9540 CAVENDISH DRIVE
City-St-Zip: TAMPA, FL 33626

Title: MGRM (X) Delete
Name: GARY, HENSLEY II
Address: 7422 RESIDENCIA
City-St-Zip: NEW PORT, CA 92660

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GARY, HENSLEY
Address: 11885 GRAND COMMONS AVE #317
City-St-Zip: FAIRFAX, VA 22030

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: GARY HENSLEY

CEO

06/18/2009

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