

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000003677

FILED  
Apr 24, 2009  
Secretary of State

**Entity Name:** INTEGRITY MARTIAL ARTS & FITNESS CENTER LLC

**Current Principal Place of Business:**

505 W HICKPOOCHEE AVE  
LABELLE, FL 33935

**New Principal Place of Business:**

870 W HICKPOOCHEE AVE  
100  
LABELLE, FL 33935

**Current Mailing Address:**

PO BOX 823  
LEHIGH ACRES, FL 33970

**New Mailing Address:**

870 W HICKPOOCHEE AVE  
100  
LABELLE, FL 33935

**FEI Number:** 26-1729148

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RUTTER, ROGER L JR  
1040 ASTHER ST E  
LEHIGH ACRES, FL 33974 US

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

RUTTER, ROGER L JR  
870 W HICKPOOCHEE AVE.  
100  
LABELLE, FL 33935 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:

04/24/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RUTTER, ROGER L JR  
Address: PO BOX 823  
City-St-Zip: LEHIGH ACRES, FL 33970

Title: MGRM ( ) Delete  
Name: RUBLE, VINCENT R JR  
Address: 2309 MONROE AVE  
City-St-Zip: ALVA, FL 33920

**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: ROGER L. RUTTER, JR.

MGRM

04/24/2009

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