

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000065868

**FILED**  
**Oct 07, 2009**  
**Secretary of State**

**Entity Name:** INTEGROUS LLC

**Current Principal Place of Business:**

12 ISLE OF VENICE  
APT. 10A  
FT. LAUDERDALE, FL 33301 US

**New Principal Place of Business:**

904 NE 15 AVE  
FT. LAUDERDALE, FL 33304 US

**Current Mailing Address:**

12 ISLE OF VENICE  
APT. 10A  
FT. LAUDERDALE, FL 33301 US

**New Mailing Address:**

904 NE 15 AVE  
FT. LAUDERDALE, FL 33304 US

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**  
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:**

SHAPIRO, RACHEL  
12 ISLE OF VENICE  
APT. 10A  
FT. LAUDERDALE, FL 33301 US

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

SHAPIRO, RACHEL  
904 NE 15 AVE  
FT. LAUDERDALE, FL 33304 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: RACHEL SHAPIRO

10/07/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SHAPIRO, RACHEL  
Address: 12 ISLE OF VENICE, APT. 10A  
City-St-Zip: FT. LAUDERDALE, FL 33301 FL

**ADDITIONS/CHANGES:**

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: RACHEL SHAPIRO

MGRM

10/07/2009

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