

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000117706

FILED
Aug 26, 2009
Secretary of State**Entity Name:** INTEGRA FX, LLC**Current Principal Place of Business:**1625 S CONGRESS AVENUE
SUITE 100
DELRAY BEACH, FL 33445 US**New Principal Place of Business:****Current Mailing Address:**1625 S CONGRESS AVENUE
SUITE 100
DELRAY BEACH, FL 33445 US**New Mailing Address:****FEI Number:** 80-0321859**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**EDWARD L. KIND, P.A.
7301-A WEST PALMETTO PARK ROAD
SUITE 305C
BOCA RATON, FL 33433 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: AROUH, LESLIE
Address: 1625 S CONGRESS AVE, SUITE 1100
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: MGRM (X) Delete
Name: MICHAEL, STEVE
Address: 1625 S CONGRESS AVE, SUITE 1100
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: MGRM () Delete
Name: SCALONE, RICHARD
Address: 1625 S CONGRESS AVE, SUITE 1100
City-St-Zip: DELRAY BEACH, FL 33445 US

ADDITIONS/CHANGES:

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

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: LES AROUH

MGRM

08/26/2009

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