

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000014258

**FILED**  
**Apr 25, 2010**  
**Secretary of State**

**Entity Name:** INTERGRATED POLICY RESEARCH INSTITUTE (IPRI) SINTROPY SOLUTIONS LLC

**Current Principal Place of Business:**

2040 FOREST GATE DR WEST  
JACKSONVILLE, FL 32246 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 220 -701  
WEST PALM BEACH, FL 33422 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

CASSAGNOL, DOMINIQUE  
19351 SW 125 AVE  
MIAMI, FL 33177 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: MGR  
Name: WILLIAMS, MARIAMA DR  
Address: 1429 MANGONIA CIRCLE  
City-St-Zip: W PALM BEACH, FL 33401 US

Title: MGR  
Name: CONZE, YVES DR  
Address: 1429 MANGONIA CIRCLE  
City-St-Zip: WPB, FL 33401 US

Title: MGR  
Name: BOSQUET, JEANLOUIS  
Address: 2040 FOREST GATE DRIVE WEST  
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: MGRM  
Name: CASSAGNOL, DOMINIQUE  
Address: 19351 SW 125 AVE  
City-St-Zip: MIAMI, FL 33177 US

I hereby 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: YVES CONZE

MGR

04/25/2010

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