

**LIMITED LIABILITY COMPANY
ANNUAL REPORT**

For Office Use Only

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FILED

11 JUN -9 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L10000036493**

1. Entity Name

Integrity Model Management



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2. Principal Place of Business - No P.O. Box #

4651 Salisbury Rd. S. Ste 459

3. Mailing Address

4651 Salisbury Rd S.

Suite, Apt. #, ect.

Suite, Apt. #, ect.

City & State

City & State

Jacksonville FL

Jacksonville FL

Zip

Country

Zip

Country

32256 USA

32256 USA

4. FEI Number

L16000036493

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

CR2E083B (1/11)

6.

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Asnley Luxenberg

Street Address (P.O. Box Number is Not Acceptable)

4460 Hodges Blvd # 2005

City

Jax

FL

Zip Code

32224

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

**January 1 - May 1 Fee is \$138.75
After May 1, Fee is \$538.75
Amended AR is \$50.00**

Make Check Payable to Florida Department of State

E-mail Address:

a.lux@integritymodelmgt.com

To be used for future annual report notices

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

**Booking Agent
Jessica Kennedy
4651 Salisbury Road, Ste # 459
Jacksonville, FL 32256**

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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CITY-STATE-ZIP

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NAME

STREET ADDRESS

CITY-STATE-ZIP

10.

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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in §817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone#

5/20/11

61920