

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000049167

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Entity Name:** INTEGRATED LAYERS, LLC

**Current Principal Place of Business:**

900 HARRISON STREET  
HOLLYWOOD, FL 33019 US

**New Principal Place of Business:**

**Current Mailing Address:**

900 HARRISON STREET  
HOLLYWOOD, FL 33019 US

**New Mailing Address:**

**FEI Number:** 27-2519096

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ALFORD, ALLYN J  
900 HARRISON STREET  
HOLLYWOOD, FL 33019 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  
**Name:** ALFORD, ALLYN J  
**Address:** 900 HARRISON STREET  
**City-St-Zip:** HOLLYWOOD, FL 33019 US

**Title:** MGRM  
**Name:** PITA, ALEXANDER  
**Address:** 3232 CORAL WAY APT. 301  
**City-St-Zip:** CORAL GABLES, FL 33145 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:** ALLYN J. ALFORD

MGRM

04/13/2012

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