

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000098216

**FILED**  
**Mar 23, 2012**  
**Secretary of State**

**Entity Name:** KYRIS GROUP, LLC.

**Current Principal Place of Business:**

2199 PONCE DE LEON BLVD.  
SUITE 300  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2199 PONCE DE LEON BLVD.  
SUITE 300  
CORAL GABLES, FL 33134

**New Mailing Address:**

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

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

IURMAN, MAURO  
2199 PONCE DE LEON BLVD.  
SUITE 300  
CORAL GABLES, FL 33134 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:** INTEGRAL SOLUTIONS INVESTORS, LLC.  
**Address:** 2199 PONCE DE LEON BLVD. STE. 300  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** MGR  
**Name:** BLANCO, JUAN J  
**Address:** 2199 PONCE DE LEON BLVD. STE. 300  
**City-St-Zip:** CORAL GABLES, FL 33134

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: MAURO IURMAN

MGR

03/23/2012

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