

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90072 019 ****50.00

DOCUMENT # L99000000053

1. Entity Name
INTEGRATED FINANCIAL SYSTEMS, L.C.



Principal Place of Business
**11 EGLIN PARKWAY, SUITE 3
FORT WALTON BEACH, FL 32548**

Mailing Address
**P.O. BOX 5468
DESTIN, FL 32540**

24060834



2. Principal Place of Business

3. Mailing Address
P.O. Box 4247

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282004 Chg-LLC CR2E083 (10/03)

City & State

City & State
FORT WALTON BEACH

4. FEI Number
59-3549078

Applied For
Not Applicable

Zip

Country

Zip
32549

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCGEE, DAVID L
3 WEST GARDEN STREET, SUITE 700
PENSACOLA, FL**

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
FLETCHER, BRADFORD A
11 EGLIN PARKWAY, SUITE 3
FORT WALTON BEACH, FL 32548** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: **BRAD FLETCHER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/28/04 8502445543
Date Daytime Phone #