

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000117941

**Entity Name:** INTEGRA SERVICES, LLC

**Current Principal Place of Business:**

1935 WOODLAKE DRIVE  
FLEMING ISLAND, FL 32003

**Current Mailing Address:**

1935 WOODLAKE DR  
FLEMING ISLAND, FL 32003 US

**FEI Number:** 45-3615150

**Certificate of Status Desired:** No

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

FISHER, ARLENE M  
1935 WOODLAKE DR  
FLEMING ISLAND, FL 32003 US

*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

**Authorized Person(s) Detail :**

|                 |                         |                 |                             |
|-----------------|-------------------------|-----------------|-----------------------------|
| Title           | MGR                     | Title           | MGR                         |
| Name            | FISHER, ARLENE M        | Name            | MCMILLAN, SHERYL Y          |
| Address         | 1935 WOODLAKE DR        | Address         | 1602 DECLARATION DRIVE      |
| City-State-Zip: | FLEMING ISLAND FL 32003 | City-State-Zip: | JACKSONVILLE BEACH FL 32250 |

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ARLENE M FISHER

MGR

03/05/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date