

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000037799

**FILED**  
**Jan 13, 2015**  
**Secretary of State**  
**CC5025416803**

**Entity Name:** INTEGRATED ACCESSIBILITY, LLC

**Current Principal Place of Business:**

664 MORGAN CIR. SOUTH  
ORANGE PARK, FL 32073

**Current Mailing Address:**

664 MORGAN CIR. SOUTH  
ORANGE PARK, FL 32073

**FEI Number:** 46-4982356

**Certificate of Status Desired:** Yes

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

MAZEY, PATRICK R  
664 MORGAN CIR. SOUTH  
ORANGE PARK, FL 32073 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	MAZEY, PATRICK R	Name	CAIN, SUZANNE G
Address	664 MORGAN CIR. SOUTH	Address	664 MORGAN CIR. SOUTH
City-State-Zip:	ORANGE PARK FL 32073	City-State-Zip:	ORANGE PARK FL 32073

*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:** SUZANNE G CAIN

**MGR**

**01/13/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date