

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000069880

**Entity Name:** FLORIDA INTEGRATED SERVICES, LLC

**Current Principal Place of Business:**

8627 NW 193 LANE  
HIALEAH, FL 33015

**Current Mailing Address:**

8627 NW 193 LANE  
HIALEAH, FL 33015

**FEI Number:** 81-2258073

**Certificate of Status Desired:** No

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

FRANCO ORTIZ, ROSA  
8627 NW 193 LANE  
HIALEAH, FL 33015 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 MEMBER  
Name URREA, JENNIFER  
Address 8627 NW 193 LANE  
City-State-Zip: HIALEAH FL 33015

Title MEMBER  
Name FRANCO ORTIZ, ROSA A  
Address 8627 NW 193 LANE  
City-State-Zip: HIALEAH FL 33015

*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:** ROSA ANGELA FRANCO ORTIZ

**MANAGER**

**04/27/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date