2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057212

Entity Name: IMVAL, LLC

Address:

City-St-Zip:

5926 NW 110TH CT

MIAMI, FL 33178

FILED Apr 09, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
2400 BISCAYNE BLVD MIAMI, FL 33137				275 NE 59 STREET MIAMI, FL 33137			
Current Mailing Address:				New Mailing Address:			
275 NE 59TH STREET MIAMI, FL 33137				275 NE 59 STREET MIAMI, FL 33137			
FEI Number:	: 27-0098807	FEI Number Applied For ()	FEI Number	Not Applie	cable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Na	me and	Address o	of New Registered Agent:	
20100 W (PH9	, ALEJANDRO COUNTRY CLU RA, FL 33180						
The above in the State	named entity : e of Florida.	submits this statement for the	purpose of ch	anging its	s registere	d office or registered agent, or both	
SIGNATUI	RE:						
	Electror	ic Signature of Registered Ag	ent			Date	
MANAGING MEMBERS/MANAGERS:				ADDITIONS/CHANGES:			
Title: Name: Address: City-St-Zip:	MGR () SAMPEDRO, R 3370 NE 190TH MIAMI, FL 331	FST #2512				() Change () Addition	
Title: Name: Address: City-St-Zip:	RUISANCHEZ,	KEY DR #3001			MGR RUISANCHE 275 NE 59 S MIAMI, FL	STREET	
Title: Name: Address: City-St-Zip:	MGR () COCCHIOLA, T 5926 NW 110 (MIAMI, FL 331	ст				() Change () Addition	
Title:	MGR ()	Delete	Title Nar			() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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.

Address:

City-St-Zip:

SIGNATURE: RICHARD SAMPEDRO MGR 04/09/2009