

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000010616

Entity Name: IMECA PALMETTO, L.L.C.

FILED
Feb 18, 2009
Secretary of State

Current Principal Place of Business:

8400 N.W. 58TH STREET
MIAMI, FL 33166

New Principal Place of Business:

7290 W. 20 TH AVE.
HIALEAH, FL 33016

Current Mailing Address:

8400 N.W. 58TH STREET
MIAMI, FL 33166

New Mailing Address:

FEI Number: 20-8327693

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COCCHIOLA, TONY
8400 N.W. 58TH STREET
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

COCCHIOLA, TONY R
8400 N.W. 58TH STREET
MIAMI, FL 33166 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: TONY R COCCHIOLA

02/18/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COCCHIOLA, TONY
Address: 8400 N.W. 58TH STREET
City-St-Zip: MIAMI, FL 33166

Title: MGR () Delete
Name: COCCHIOLA, MICHELANGELO
Address: 8400 N.W. 58TH STREET
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: COCCHIOLA, TONY R
Address: 8400 N.W. 58TH STREET
City-St-Zip: MIAMI, FL 33166

Title: MGR (X) Change () Addition
Name: COCCHIOLA, MICHEL A
Address: 8400 N.W. 58TH STREET
City-St-Zip: MIAMI, FL 33166

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.

SIGNATURE: TONY R. COCCHIOLA

MGR

02/18/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date