

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000057212

**Entity Name:** IMVAL, LLC

**Current Principal Place of Business:**

1190 NW 159 DRIVE  
MIAMI GARDENS, FL 33169

**Current Mailing Address:**

1190 NW 159 DRIVE  
MIAMI GARDENS, FL 33169 US

**FEI Number:** 27-0098807

**Certificate of Status Desired:** No

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

COCCHIOLA, TONY  
8400 NW 58 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name COCCHIOLA, TONY  
Address 1190 NW 159 DRIVE  
City-State-Zip: MIAMI GARDENS FL 33169

Title MGR  
Name COCCHIOLA, MICHEL A  
Address 1190 NW 159 DRIVE  
City-State-Zip: MIAMI GARDENS FL 33169

Title MGR  
Name SAMPEDRO, RICHARD  
Address 3370 NE 190TH ST # 2512  
City-State-Zip: MIAMI FL 33180

Title MGR  
Name RUISANCHEZ, JULIO  
Address 275 NE 59 STREET  
City-State-Zip: MIAMI FL 33137

*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:** TONY COCCHIOLA

MGR

01/18/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date