

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000028510

**Entity Name:** TRI-LATERAL IMG, LLC

**Current Principal Place of Business:**

24 NE 47 STREET  
MIAMI, FL 33137

**Current Mailing Address:**

24 NE 47 STREET  
MIAMI, FL 33137

**FEI Number: 27-1706272**

**Certificate of Status Desired: Yes**

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

JEROME, SCHILLER  
24 NE 47 STREET  
MIAMI, FL 33137 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	MGRM	Title	AMBR
Name	JEROME, SCHILLER	Name	JEROME, MARIE J
Address	24 NE 47 STREET	Address	1720 NW 179 TERR
City-State-Zip:	MIAMI FL 33137	City-State-Zip:	MIAMI FL 33056

*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: SCHILLER JEROME**

**MANAGER**

**04/05/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date