

**2014 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  
Name JEROME, SCHILLER  
Address 24 NE 47 STREET  
City-State-Zip: MIAMI FL 33137

Title MGRM  
Name THERMITUS, MANOUCHEKA  
Address 24 NE 47 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:** SCHILLER JEROME

**MANAGER**

**01/14/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date