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: JUAN MACHADO

STE. 310 DORAL, FL 33166

Current Principal Place of Business:

Entity Name: INTEGRATED MARINE SERVICES, LLC

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Mailing Address:

8669 NW 36TH STREET

DOCUMENT# L10000063134

8669 NW 36TH STREET STE. 310 DORAL, FL 33166 US

FEI Number: 30-0638345

Name and Address of Current Registered Agent:

SULBARAN, JEFRY 8669 NW 36TH STREET STE. 310 DORAL, 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	: JEFRY SULBARAN			02/29/2024
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MANAGER, AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER	
Name	SULBARAN, CARLOS	Name	MACHADO, JUAN G	
Address	8669 NW 36TH STREET STE. 310	Address	8669 NW 36TH STREET STE. 310	
City-State-Zip:	DORAL FL 33166	City-State-Zip:	DORAL FL 33166	
Title	AUTHORIZED MEMBER			
Name	LOVECCHIO, PEDRO			
Address	8669 NW 36TH STREET STE. 310			
City-State-Zip:	DORAL FL 33166			

AUTHORIZED MEMBER Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: Yes

02/29/2024 Date