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

Electronic Signature of Signing Authorized Person(s) Detail

AMBR

06/08/2020 Date

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT	FILED
DOCUMENT# L10000063134	Jun 08, 2020
	Secretary of Sta

# etary of State 4612894614CC

Certificate of Status Desired: No

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	E: JEFRY SULBARAN			06/08/2020
	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			

## Name and Address of Current Registered Agent:

Entity Name: INTEGRATED MARINE SERVICES, LLC

**Current Principal Place of Business:** 8669 NW 36TH STREET STE. 310 DORAL, FL 33166

## **Current Mailing Address:**

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

#### FEI Number: 30-0638345

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