

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000137908

**Entity Name:** IMS CONSULTING, LLC

**Current Principal Place of Business:**

501 SOUTH DISSTON AVENUE  
MINNEOLA, FL 34715

**Current Mailing Address:**

P.O. BOX 391  
MINNEOLA, FL 34755 US

**FEI Number:** 46-1290215

**Certificate of Status Desired:** No

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

AIRTH, HAL AJR.  
500 SOUTH FLORIDA AVENUE  
SUITE 300  
LAKELAND, FL 33801 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 INCIDENT MANAGEMENT HOLDINGS, INC.  
Address P.O. BOX 391  
City-State-Zip: MINNEOLA FL 34755

Title P  
Name YEAGER, JUDY  
Address P.O. BOX 391  
City-State-Zip: MINNEOLA FL 34755

Title VP  
Name YEAGER, DAVID  
Address P.O. BOX 391  
City-State-Zip: MINNEOLA FL 34755

Title VPST  
Name MOTES, WHITNEY E  
Address P.O. BOX 391  
City-State-Zip: MINNEOLA FL 34755

*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:** WHITNEY MOTES

VPST

04/06/2015

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

\_\_\_\_\_  
Date