### 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L13000051455

Entity Name: IMA ORLANDO, LLC

## Current Principal Place of Business:

6675 WESTWOOD BLVD. STE 475 ORLANDO, FL 32821

# **Current Mailing Address:**

6675 WESTWOOD BOULEVARD SUITE 475 ORLANDO, FL 32821 US

# FEI Number: 46-2487134

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

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

# Authorized Person(s) Detail :

	Title	MANAGER	Title	MANAGER
	Name	JELINEK, RICK	Name	LEENAY, MARK
	Address	200 CLAREDON 56TH FLOOR	Address	6675 WESTWOOD BLVD. STE 475
	City-State-Zip:	BOSTON MA 02116	City-State-Zip:	ORLANDO FL 32821
	Title	MANAGER	Title	MANAGER
	Name	CARTER, MARK	Name	LIEBERMANN, ETHAN
	Address	200 CLAREDON STREET 56TH FLOOR	Address	200 CLAREDON STREET 56TH FLOOR
	City-State-Zip:	BOSTON MA 02116	City-State-Zip:	BOSTON MA 02116
	Title	MANAGER	Title	EVP, GC, SECRETARY
	Name	PICHARDO, NELSON M.	Name	JONES, STEPHEN D.
	Address	6675 WESTWOOD BLVD. STE 475	Address	6675 WESTWOOD BLVD. STE 475
	City-State-Zip:	ORLANDO FL 32821	City-State-Zip:	ORLANDO FL 32821
	Title	EVP, CFO, TREASURER	Title	CEO
	Name	CREMATA, ARMANDO	Name	LEENAY, MARK
	Address	6675 WESTWOOD BLVD. STE 475	Address	6675 WESTWOOD BLVD. STE 475
	City-State-Zip:	ORLANDO FL 32821	City-State-Zip:	ORLANDO FL 32821

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: PICHARDO, NELSON M

MANAGER

03/31/2023

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date

Date