

2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L13000051455

Entity Name: IMA ORLANDO, LLC**Current Principal Place of Business:**C/O TA ASSOCIATES, L.P.
200 CLARENDON STREET 56TH FLOOR
BOSTON, MA 02116**Current Mailing Address:**C/O TA ASSOCIATES, L.P.
200 CLARENDON STREET 56TH FLOOR
BOSTON, MA 02116 US**FEI Number:** 46-2487134**Certificate of Status Desired:** No**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

Date

Authorized Person(s) Detail :

Title MANAGER
Name PICHARDO, NELSON
Address 6675 WESTWOOD BOULEVARD
SUITE 475
City-State-Zip: ORLANDO FL 32821

Title EVP, CFO, TREASURER
Name CREMATA, ARMANDO
Address 6675 WESTWOOD BOULEVARD
SUITE 475
City-State-Zip: ORLANDO FL 32821

Title MANAGER
Name LIEBERMAN, ETHAN
Address C/O TA ASSOCIATES, L.P.
200 CLARENDON STREET 56TH
FLOOR
City-State-Zip: BOSTON MA 02116

Title SVP FINANCE, CONTROLLER
Name THOMPSON, LOGAN
Address 6675 WESTWOOD BOULEVARD
SUITE 475
City-State-Zip: ORLANDO FL 32821

Title CEO, MANAGER
Name LEENAY, MARK
Address 6675 WESTWOOD BOULEVARD
SUITE 475
City-State-Zip: ORLANDO FL 32821

Title EVP, GC, SECRETARY
Name JONES, STEPHEN
Address 6675 WESTWOOD BOULEVARD
SUITE 475
City-State-Zip: ORLANDO FL 32821

Title MANAGER
Name CARTER, MARK
Address C/O TA ASSOCIATES, L.P.
200 CLARENDON STREET 56TH
FLOOR
City-State-Zip: BOSTON MA 02116

Title MANAGER
Name JELINEK, RICK
Address 6675 WESTWOOD BOULEVARD
SUITE 475
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: MARK LEENAY

CEO

05/05/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date