

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000165859

**Entity Name:** I & M ALLIANZE LLC**Current Principal Place of Business:**3227 FOX SQUIRREL DR  
KISSIMMEE, FL 34741**Current Mailing Address:**3227 FOX SQUIRREL DR  
KISSIMMEE, FL 34741 US**FEI Number:** 47-2163752**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RODRIGUEZ, SANDRA M  
3227 FOX SQUIRREL DR  
KISSIMMEE, FL 34741 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	MGR
Name	RODRIGUEZ, SANDRA M
Address	3227 FOX SQUIRREL DR
City-State-Zip:	KISSIMMEE FL 34741
Title	MBER
Name	PRADO, ALEYDA
Address	9842 WATERMILL CR HOUSE C
City-State-Zip:	BOYNTON BEACH FL 33437
Title	MBER
Name	ZULUAGA GARZON, MARIBEL
Address	4490 EL DORADO PKWY APT 2633
City-State-Zip:	MC KINNEY TX 75070
Title	MBER
Name	ESPINDOLA, PATRICIA
Address	3227 FOX SQUIRREL DR
City-State-Zip:	KISSIMMEE FL 34741

Title	MMBR
Name	FLOREZ, MARIA J
Address	3227 FOX SQUIRREL DR
City-State-Zip:	KISSIMMEE FL 34741
Title	MBER
Name	MARTIN, MAX
Address	9842 WATERMILL CR HOUSE C
City-State-Zip:	BOYNTON BEACH FL 33437
Title	MBER
Name	RUIZ CAMARGO, WILLIAM ALFONSO
Address	4490 EL DORADO PKWY APT 2633
City-State-Zip:	MC KINNEY TX 75070

*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:** SANDRA M RODRIGUEZ

MGR

04/08/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date