

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000110985

**Entity Name:** IRRIGATION MANAGEMENT CONSULTING, LLC

**Current Principal Place of Business:**

850 FEDERAL HWY., SUITE 420  
STUART, FL 34994

**Current Mailing Address:**

850 NW FEDERAL  
SUITE 420  
STUART, FL 34994 US

**FEI Number:** 82-0789239

**Certificate of Status Desired:** No

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

INCORP SERVICES INC  
17888 67TH COURT N  
LOXAHATCHEE, FL 33470 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	AMBR	Title	MGR
Name	IRRIGATION MANAGEMENT CONSULTING, A MO LLC	Name	SHORES, ANTHONY
Address	3007 FREDERICK AVENUE C/O NANCY POTTER	Address	1985 SE RAINER
City-State-Zip:	ST. JOSEPH MO 64506	City-State-Zip:	PORT ST. LUCIE FL 34952

*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:** ANTHONY SHORES

MEMBER

02/03/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date