

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000110985

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

**Current Principal Place of Business:**

8878 SW 63RD ST., SUITE 103  
PARKVILLE, MO 64152

**Current Mailing Address:**

8878 SW 63RD ST., SUITE 103  
PARKVILLE, MO 64152 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  
Name IRRIGATION MANAGEMENT  
CONSULTING, A MO LLC  
Address 8878 SW 63RD ST., SUITE 103  
City-State-Zip: PARKVILLE MO 64152

Title MGR  
Name SHORES, ANTHONY  
Address 8878 SW 63RD ST., SUITE 103  
City-State-Zip: PARKVILLE MO 64152

Title MGR  
Name SHORES, SUE  
Address 8878 SW 63RD ST., SUITE 103  
City-State-Zip: PARKVILLE MO 64152

*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

MANAGER

03/02/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date