

**2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L19000044510

**Entity Name:** IMPALA RETIREMENT ADVISORS LLC

**Current Principal Place of Business:**

4330 N HWY. A1A  
UNIT 1102N  
FT. PIERCE, FL 34949

**Current Mailing Address:**

4330 N HWY. A1A  
UNIT 1102N  
FT. PIERCE, FL 34949 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

COLEMAN, GREGORY  
4330 N HWY. A1A  
UNIT 1102N  
FT. PIERCE, FL 34949 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:** GREGORY COLEMAN

04/16/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name COLEMAN, GREGORY L  
Address 4330 N HWY. A1A  
UNIT 1102N  
City-State-Zip: FT. PIERCE FL 34949

*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:** GREGORY COLEMAN

AMBR

04/16/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date