## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SECRETARY OF STATE
SIVISION OF CORPORATIONS

02 JUN 18 AM 10: 12

DOCUMENT	#	L000	00001007	78
1. Entity Name			4	
FRANCE_	IMI	PORT	LLC	

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LA Usilia Addaga	Samuel Sale	-05/28/0291742010

333201	<u> </u>	1 000 20 000		7. Name and Add	fress of Current f	Register	ed Agent	
SUNRISE, FL 33326	Country	7:0	Country	5. Certificate of			\$5.00 Addition Fee Required	ıal
City & State		City & State Weston, FL			035510		Not Ap	plicable
		<del></del>	266888	4. FEI Number			Applied	d For
860 South WIN Suite, Api. 1, etc.	in circle	Stille, Apr. F. Cic.			DO NOT WRITE	IN THIS	SPACE	
2. Principal Place of Busines	s IN CAD CAS	3. Mailing Address	t: 112	Now 1 August and			Aft was as as as as	
a District Diagonal District	-	i 3. Mailing Acciress	ł	· ·		6 NH 1		~"

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Name Patrick Vivies CPA, PA	_
Street Address (P.O. Box Number is Not Acceptable)	
700 E. Dania Beach Blvd # 202	
Chy Dania FL 3'30064	

8. The above	named entity submits this statement for the purpose of changing its re-	gistered office of	agusta do agusta de Dour, antico de La companyo de
SIGNATURE .	Signature, typod or printed name of registered agent and tale if applicable.	<del></del>	DATE
	FE MakeiCheck Pave	E IS \$50.00 tible to Departr E BY MAY 1	nent of State
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-SI-ZP	MGR Balofe, Inc. 1535 Three Village Rd	NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Weston, FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZP