

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000006133

1. Entity Name
IMC HOLDINGS OF INDIAN RIVER COUNTY, L.L.C.



Principal Place of Business
**2215 44TH AVENUE
VERO BEACH, FL 32966**

Mailing Address
**2215 44TH AVENUE
VERO BEACH, FL 32966**



03072004 No Chg -LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0588845

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COLLINS, GEORGE G JR
756 BEACHLAND BOULEVARD
VERO BEACH, FL 32963**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000111845
04/13/04 80037 006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
SUSAN CATO HUMANES
2215 44TH AVENUE
VERO BEACH, FL 32966**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
JOHNSON, JANICE R
300-104 GRAND ROYALE CIRCLE
VERO BEACH, FL 32962**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 603, Florida Statutes.

SIGNATURE: *Susan Cato Humanes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Susan Cato Humanes

4/8/04
Date

772-567-6595
Daytime Phone #