

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L03000000073

1. Entity Name

INDEPENDENT MANAGEMENT COMPANY, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 11 AM 10:12

WL9/24

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

837 N. Garland

3. Mailing Address

837 N. Garland Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Orlando FL

City & State
Orlando FL

4. FEI Number

13-4246817

Applied For

Not Applicable

Zip
32801

Country
USA

Zip
32801

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DeCubellis & Meeks, P.A.

Street Address (P.O. Box Number is Not Acceptable)

837 N. Garland Ave.

City

Orlando

FL

Zip Code

32801

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
Daniel L. DeCubellis
837 N. Garland Ave.
Orlando, FL 32801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200023392712
09/29/09--01027--090 **50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Orlando, FL 32801

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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

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

Date

Daytime Phone #

CR2E083B (12/02)