

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008703

FILED  
Apr 26, 2012  
Secretary of State

Entity Name: IMGS, LLC

**Current Principal Place of Business:**

7653 NW 79TH AVE  
TAMARAC, FL 33321 UN

**New Principal Place of Business:**

18559 HAMLIN BLVD  
LOXAHATCHEE, FL 33470 US

**Current Mailing Address:**

18559 HAMLIN BLVD  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

18559 HAMLIN BLVD  
LOXAHATCHEE, FL 33470 US

FEI Number: 05-0559606

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MINOTT, FABIAN  
18559 HAMLIN BLVD  
LOXAHATCHEE, FL 33470 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BROOMFIELD, CONRAD A  
Address: 915 36TH STREET  
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: MGR  
Name: AKYEAW, YAW )  
Address: 821 N.W. 197TH TERRACE  
City-St-Zip: MIAMI, FL 33169 US

Title: MGR  
Name: FLETCHER-GAYLE, LAURELL  
Address: 6583 RACQUET CLUB DR.  
City-St-Zip: LAUDER HILL, FL 33319 US

Title: MGR  
Name: MINOTT, FABIAN  
Address: 18559 HAMLIN BLVD  
City-St-Zip: LOXAHATCHEE, FL 33470 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: FABIAN MINOTT

MGR

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date