

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90074 016 \*\*\*\*50.00

**DOCUMENT # L03000016200**

1. Entity Name

IMS / AMERICAN, LLC



Principal Place of Business

200 S.E. SEVILLE STREET  
STUART FL 34994

Mailing Address

200 S.E. SEVILLE STREET  
STUART FL 34994

2. Principal Place of Business

6800 SW JACK JAMES DR

Suite, Apt. #, etc.

3. Mailing Address

6800 SW JACK JAMES DR

Suite, Apt. #, etc.

City & State

Stuart FL

Zip

34997

Country

City & State

Stuart FL

Zip

34997

Country

4. FEI Number

27-0059626

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LACOMBE, DOMINICK  
6800 S.W. JACK JAMES DRIVE  
STUART FL 34997

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☒ Delete  
NAME LAMBROS, GEORGE  
STREET ADDRESS 200 S.E. SEVILLE STREET  
CITY-ST-ZIP STUART FL 34994

TITLE MGRM ☒ Delete  
NAME LAMBROS, CHRISTOPHER G  
STREET ADDRESS 200 S.E. SEVILLE STREET  
CITY-ST-ZIP STUART FL 34994

TITLE MGRM ☒ Delete  
NAME LAMBROS, NICHOLAS G  
STREET ADDRESS 200 S.E. SEVILLE STREET  
CITY-ST-ZIP STUART FL 34994

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE CONTROLLER ☐ Change ☒ Addition  
NAME KELLEY, EDWARD  
STREET ADDRESS 6800 SW JACK JAMES DR.  
CITY-ST-ZIP STUART, FL 34997

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Edward M. Kelley*

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

Date

Daytime Phone #