

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000028704

Entity Name: IMM ENTERPRISES LLC

**FILED**  
**Aug 25, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

2777 S CONGRESS AVE  
LAKE WORTH, FL 33461

**New Principal Place of Business:**

**Current Mailing Address:**

2777 S CONGRESS AVE  
LAKE WORTH, FL 33461

**New Mailing Address:**

FEI Number: 65-1200740

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FRANKLIN, ELLIOTT  
2777 S CONGRESS AVE  
LAKE WORTH, FL 33461 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/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: RESIGNO, ALFONSE  
Address: 5449 SANDHUST CIRCLE SOUTH  
City-St-Zip: LAKE WORTH, FL 33463

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALFONSE RESIGNO

MGRM

08/25/2004

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