2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000059992

1. Entity Name
IMMA, LLC

FILED
Jul 15, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
1408 BRICKELL BAY DRIVE # 1211 MIAMI, FL 33131	1408 BRICKELL BAY DRIVE # 1211 MIAMI, FL 33131

07092008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3010712

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ZAMORA, ANTONIO R
1408 BRICKELL BAY DRIVE
1211
MIAMI, FL 33131

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

U00000955024
07/15/08-80007-020 538.75

FILE NOW!!! FEE IS $538.75
Due by September 12, 2008

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	ZAMORA, ANTONIO R
STREET ADDRESS	1408 BRICKELL BAY DRIVE # 1211
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	MGRM
NAME	ZAMORA, ANTONIO R JR.
STREET ADDRESS	420 SW 3RD AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315
TITLE	MGRM
NAME	ZAMORA, NELLY R
STREET ADDRESS	1408 BRICKELL BAY DRIVE # 1211
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Nelly Zamora 7/10/08 305.3735987

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #