

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000113776

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: IMS&S, LLC

**Current Principal Place of Business:**

664 MANDERLEY RUN  
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

664 MANDERLEY RUN  
LAKE MARY, FL 32746

**New Mailing Address:**

P.O. BOX 952326  
LAKE MARY, FL 32795

FEI Number: 56-2625666

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCGRAW, INHAN  
664 MANDERLEY RUN  
LAKE MARY, FL 32746 US

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

MCGRAW, INHAN B  
664 MANDERLEY RUN  
LAKE MARY, FL 32746 US

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: INHAN B. MCGRAW

04/27/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MCGRAW, INHAN  
Address: 664 MANDERLEY RUN  
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM ( ) Delete  
Name: MCGRAW, JENNIFER  
Address: 664 MANDERLEY RUN  
City-St-Zip: LAKE MARY, FL 32746

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MCGRAW, INHAN B  
Address: 664 MANDERLEY RUN  
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM (X) Change ( ) Addition  
Name: MCGRAW, JENNIFER J  
Address: 664 MANDERLEY RUN  
City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: INHAN B. MCGRAW

MR.

04/27/2007

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