

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

04-21-2008 90303 043 ***138.75

DOCUMENT # L07000049504					
1. Entity Name IMM 4810, LLC					
Principal Place of Business 125 GRANADA COURT PALM SPRINGS, FL 33461			Mailing Address 125 GRANADA COURT PALM SPRINGS, FL 33461		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04082008 Chg-LLC CR2E083 (12/06)	
4. FEI Number <u>26-0153921</u>				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MELDRIM, IRVIN M 125 GRANADA COURT PALM SPRINGS, FL 33461			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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MELDRIM, IRVIN M 125 GRANADA COURT PALM SPRINGS, FL 33461	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MELDRIM, DORA G 125 GRANADA COURT PALM SPRINGS, FL 33461	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	-	☐ Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	-	☐ Delete			
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: <u>M. M.</u> Date: <u>4-16-08</u> Daytime Phone: <u>561-965-4454</u>		