

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000090788

Entity Name: IMC V.I., LLC

FILED
Aug 25, 2008
Secretary of State

Current Principal Place of Business:

526 STOCKTON STREET
JACKSONVILLE, FL 32205

New Principal Place of Business:

3070 BLANDING BOULEVARD
MIDDLEBURG, FL 32068

Current Mailing Address:

526 STOCKTON STREET
JACKSONVILLE, FL 32205

New Mailing Address:

PO BOX 2039
MIDDLEBURG, FL 32050

FEI Number: 26-1184398 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TURNAGE, ROBERT J
526 STOCKTON STREET
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

TURNAGE, ROBERT J
3070 BLANDING BOULEVARD
MIDDLEBURG, FL 32068 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: ROBERT J. TURNAGE

08/25/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: P () Change (X) Addition
Name: TURNAGE, ROBERT J MR
Address: 3070 BLANDING BOULEVARD
City-St-Zip: MIDDLEBURG, FL 32068

Title: VP () Change (X) Addition
Name: CHASON, RONNIE E MR
Address: 3070 BLANDING BOULEVARD
City-St-Zip: MIDDLEBURG, FL 32068

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: ROBERT J. TURNAGE

P

08/25/2008

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