

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000047858

Entity Name: IMME LLC

FILED
Feb 05, 2009
Secretary of State

Current Principal Place of Business:

205 WORTH AVENUE
SUITE 303
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

205 WORTH AVENUE
SUITE 303
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILIPPE J. BRIAN, P.A.
205 WORTH AVENUE
SUITE 303
PALM BEACH, FL 33480 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/MANAGERS:

Title: MGRM () Delete
Name: TJADEN, IMKE B
Address: 205 WORTH AVENUE SUITE 303
City-St-Zip: PALM BEACH, FL 33480 US

Title: MGRM () Delete
Name: GRAEFLING, WILFRIED J
Address: 205 WORTH AVENUE SUITE 303
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TJADEN, IMKE B
Address: 534 TOMAHAWK CT
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: MGRM (X) Change () Addition
Name: GRAEFLING, WILFRIED J
Address: 534 TOMAHAWK CT
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

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: IMKE TJADEN/WILFRIED GRAEFLING NONE 02/05/2009

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