

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000095349

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** INTERNATIONAL MANAGEMENT CONSULTANTS INTEGRATORS, LLC

**Current Principal Place of Business:**

150 OCEAN LANE DRIVE  
6-C  
KEY BISCAVNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

150 OCEAN LANE DRIVE  
6-C  
KEY BISCAVNE, FL 33149

**New Mailing Address:**

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

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

LASPRILLA, PATRICIA  
150 OCEAN LANE DRIVE  
6-C  
KEY BISCAVNE, FL 33149 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  
Name: LASPRILLA, PATRICIA  
Address: 150 OCEAN LANE DRIVE, SUITE 6-C  
City-St-Zip: KEY BISCAVNE, FL 33149

I hereby 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: PATRICIA LASPRILLA MGRM 04/30/2010

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