

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000121075

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** INNOVATIVE MANAGEMENT & IMAGINATIVE ACCOMPLISHMENTS, LLC

**Current Principal Place of Business:**

9485 REGENCY SQUARE BLVD  
STE 300  
JACKSONVILLE, FL 32225 US

**New Principal Place of Business:**

44 AVENIDA MENENDEZ  
AT AUGUSTINE, FL 32084 US

**Current Mailing Address:**

9485 REGENCY SQUARE BLVD  
STE 300  
JACKSONVILLE, FL 32225 US

**New Mailing Address:**

44 AVENIDA MENENDEZ  
AT AUGUSTINE, FL 32084 US

FEI Number: 45-3726869

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AVERITT & CO., PA  
3010 S THIRD ST.  
STE B  
JACKSONVILLE BEACH, FL 32250 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: MGR  
Name: KEENAN, MICHAEL JR  
Address: 44 AVENIDA MENENDEZ  
City-St-Zip: ST AUGUSTINE, FL 32084 US

Title: CFO  
Name: HELTON, ELGIN W  
Address: 44 AVENIDA MENENDEZ  
City-St-Zip: ST AUGUSTINE, FL 32084

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: ELGIN W HELTON

CFO

04/29/2012

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