

**2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L09000005979

**FILED  
Jan 28, 2014  
Secretary of State  
CC9682660050**

**Entity Name:** IMS MECALFAB LLC

**Current Principal Place of Business:**

3370 NE 190TH STREET  
UNIT 1509  
MIAMI, FL 33180

**Current Mailing Address:**

7015 CUMBERLAND HARBOUR  
CUMING, GA 30041

**FEI Number:** 26-4133854

**Certificate of Status Desired:** No

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name MATHES, FRANK J  
Address 7015 CUMBERLAND HARBOUR  
City-State-Zip: CUMMING GA 30041

Title MGR  
Name COSTA, KENT  
Address 7355 S.W. 89TH STREET, UNIT 510  
City-State-Zip: MIAMI FL 33156

Title MGR  
Name COSTA, GUY  
Address 7355 S.W. 89TH STREET, UNIT 510  
City-State-Zip: MIAMI FL 33156

Title S  
Name MATHES, FRANK J  
Address 7355 S.W. 89TH STREET, UNIT 510  
City-State-Zip: MIAMI FL 33156

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KENT COSTA

**MANAGER**

**01/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date