

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000085521

**Entity Name:** IMECA EAST, L.L.C.

**Current Principal Place of Business:**

890 E 25 ST  
HIALEAH, FL 33013

**Current Mailing Address:**

1190 NW 159 DRIVE  
MIAMI GARDENS, FL 33169 US

**FEI Number:** 27-0904313

**Certificate of Status Desired:** No

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

BLANCO, JORGE E  
782 NW 42 AVE  
SUITE# 641  
MIAMI, FL 33126 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	MGRM
Name	TORRE, SALVATORE
Address	890 EAST 25TH STREET
City-State-Zip:	HIALEAH FL 33013
Title	MGRM
Name	COCCHIOLA, MICHEL A
Address	1190 NW 159 DRIVE
City-State-Zip:	MIAMI GARDENS FL 33169

Title	MGRM
Name	COCCHIOLA, TONY R
Address	1190 NW 159 DRIVE
City-State-Zip:	MIAMI GARDENS FL 33169
Title	MGRM
Name	COCCHIOLA, CLAUDIO
Address	1190 NW 159 DRIVE
City-State-Zip:	MIAMI GARDENS FL 33169

*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:** TONY COCCHIOLA

**MEMBER**

**01/24/2018**

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

\_\_\_\_\_  
Date