

**2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L11000131216

**Entity Name:** IDEAL MANAGEMENT GROUP, LLC.

**Current Principal Place of Business:**

1809 CHAPEL TREE CIRCLE  
APT B  
BRANDON, FL 33511

**FILED**  
**Mar 15, 2015**  
**Secretary of State**  
**CC7869110765**

**Current Mailing Address:**

1809 CHAPEL TREE CIRCLE  
APT B  
BRANDON, FL 33511 US

**FEI Number:** 45-4726484

**Certificate of Status Desired:** Yes

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

SANTIAGO, HIPOLITO  
1809 CHAPEL TREE CIRCLE  
APT B  
BRANDON, FL 33511 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 AUTHORIZED MEMBER, CEO,  
MANAGER  
Name SANTIAGO, HIPOLITO  
Address 1809 CHAPEL TREE CIRCLE  
APT B  
City-State-Zip: RIVERVIEW FL 33511

Title AUTHORIZED MEMBER, COO,  
MANAGER  
Name MALDONADO, JESSICA  
Address 828 PINEBERRY  
204  
City-State-Zip: BRANDON FL 33510

*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:** HIPOLITO SANTIAGO

**AUTHORIZED MEMBER**

**03/15/2015**

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

\_\_\_\_\_  
Date