## 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000013573

Entity Name: IMPRESSION IMAGING LLC

**Current Principal Place of Business:** 

7180 N UNIVERSITY DRIVE TAMARAC, FL 33321

**Current Mailing Address:** 

7180 N UNIVERSITY DRIVE TAMARAC, FL 33321 US

FEI Number: 45-4394576 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FAGIEN, MICHAEL DR. IMPRESSION IMAGING LLC 7180 N. UNIVERSITY DRIVE TAMARAC, FL 33321 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: MICHAEL FAGIEN, MD 02/20/2018

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

Title MGRM Title MGR

Name FAGIEN, MICHAEL Name FAGIEN, ZAKIYA

Address 7180 N UNIVERSITY DRIVE Address 7180 N UNIVERSITY DRIVE

City-State-Zip: TAMARAC FL 33321 City-State-Zip: TAMARAC FL 33321

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: ZAKIYA FAGIEN MGR

FILED Feb 20, 2018

**Secretary of State** 

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