

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000116317

**Entity Name:** IMCP LLC

**Current Principal Place of Business:**

ATTN: CECILIA POVEDA  
1925 BRICKELL AVENUE APT. #D2012  
MIAMI, FL 33129

**Current Mailing Address:**

ATTN: CECILIA POVEDA  
1925 BRICKELL AVENUE APT. #D2012  
MIAMI, FL 33129 US

**FEI Number:** 46-1248577

**Certificate of Status Desired:** Yes

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

POVEDA, CECILIA  
1925 BRICKELL AVENUE  
APT. #D2012  
MIAMI, FL 33129 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	Title	MGRM
Name	POVEDA, MONICA P	Name	POVEDA, CECILIA
Address	1925 BRICKELL AVENUE APT. #D2012	Address	1925 BRICKELL AVENUE APT. #D2012
City-State-Zip:	MIAMI FL 33129	City-State-Zip:	MIAMI FL 33129

*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:** MONICA POVEDA

**MANAGING MANAGER**

**05/25/2017**

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

\_\_\_\_\_  
Date