

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000116317

**Entity Name:** IMCP LLC

**Current Principal Place of Business:**

ATTN: CECILIA POVEDA  
1111 SW 1ST AVE. PH 119  
MIAMI, FL 33130

**Current Mailing Address:**

ATTN: CECILIA POVEDA  
1111 SW 1ST AVE. PH 119  
MIAMI, FL 33130

**FEI Number:** 46-1248577

**Certificate of Status Desired:** Yes

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

POVEDA, CECILIA  
1111 SW 1ST AVE. PH119  
MIAMI, FL 33130 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 POVEDA, MONICA P  
Address 1901 BRICKELL AVE  
APT. B2104  
City-State-Zip: MIAMI FL 33129

Title MGRM  
Name POVEDA, CECILIA  
Address 1111 SW 1ST AVE. PH 119  
City-State-Zip: MIAMI FL 33130

*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 P. POVEDA

**MANAGING MANAGER**

**03/16/2015**

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

\_\_\_\_\_ Date