2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2024
Secretary of State
5947701983CC

DOCUMENT# L13000051455

Entity Name: IMA ORLANDO, LLC

Current Principal Place of Business:

6675 WESTWOOD BLVD.
STE 475
ORLANDO, FL 32821

Current Mailing Address:

6675 WESTWOOD BLVD.
STE 475
ORLANDO, FL 32821 US

FEI Number: 46-2487134

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	MANAGER	Title	MANAGER
Name	PICHARDO, NELSON M.	Name	LIEBERMANN, ETHAN
Address	6675 WESTWOOD BLVD. STE 475	Address	6675 WESTWOOD BLVD. STE 475
City-State-Zip:	ORLANDO FL 32821	City-State-Zip:	ORLANDO FL 32821
Title	MANAGER	Title	MANAGER
Name	CARTER, MARK	Name	WALKER, DONNA
Address	6675 WESTWOOD BLVD. STE 475	Address	6675 WESTWOOD BLVD. STE 475
City-State-Zip:	ORLANDO FL 32821	City-State-Zip:	ORLANDO FL 32821
Title	MANAGER	Title	AUTHORIZE SIGNER
Name	SKOBEL, JEFFREY	Name	CREMATA, ARMANDO
Address	6675 WESTWOOD BLVD. STE 475	Address	6675 WESTWOOD BLVD. STE 475
City-State-Zip:	ORLANDO FL 32821	City-State-Zip:	ORLANDO FL 32821

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: ARMANDO CREMATA AUTHORIZE SIGNER 03/25/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date