

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000051455

Entity Name: IMA ORLANDO, LLC**Current Principal Place of Business:**111 WEBB DRIVE
DAVENPORT, FL 33837**Current Mailing Address:**111 WEBB DRIVE
DAVENPORT, FL 33837 US**FEI Number:** 46-2487134**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PICHARDO, PATRICIA
111 WEBB DRIVE
DAVENPORT, FL 33837 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
Name PICHARDO, PATRICIA D
Address 111 WEBB DRIVE
City-State-Zip: DAVENPORT FL 33837

Title AMBR
Name PICHARDO, NELSON DR.
Address 111 WEBB DRIVE
City-State-Zip: DAVENPORT FL 33837

Title AMBR
Name LAMA, JACOBO DR.
Address 111 WEBB DRIVE
City-State-Zip: DAVENPORT FL 33837

Title AMBR
Name KORLEY, SAM DR.
Address 111 WEBB DRIVE
City-State-Zip: DAVENPORT FL 33837

Title AMBR
Name PEREZ, RICARDO DR.
Address 111 WEBB DRIVE
City-State-Zip: DAVENPORT FL 33837

Title AMBR
Name DEGNAN, MICHAEL DR.
Address 111 WEBB DRIVE
City-State-Zip: DAVENPORT FL 33837

Title AMBR
Name RAZAK, MOHAMED DR.
Address 111 WEBB DRIVE
City-State-Zip: DAVENPORT FL 33837

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: JACOBO LAMA

AMBR

01/07/2016

Electronic Signature of Signing Authorized Person(s) Detail_____
Date