

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000017059

**Entity Name:** IMSIROVIC CONSULTING, LLC

**Current Principal Place of Business:**

5201 ATLANTIC BLVD  
APT 58  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

P.O. BOX 5524  
JACKSONVILLE, FL 32247 US

**FEI Number:** 81-1266951

**Certificate of Status Desired:** No

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

IMSIROVIC, NERMIN  
5201 ATLANTIC BLVD  
APT 58  
JACKSONVILLE, FL 32207 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            MGR  
Name            IMSIROVIC, NERMIN  
Address        P.O. BOX 5524  
City-State-Zip: JACKSONVILLE FL 32247

Title            MANAGER  
Name            IMSIROVIC , NERMINA  
Address        P.O. BOX 5524  
City-State-Zip: JACKSONVILLE FL 32247

*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:** NERMIN IMSIROVIC

**MANAGER**

**02/09/2019**

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

\_\_\_\_\_  
Date