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

Electronic Signature of Signing Authorized Person(s) Detail

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

Authorized Person(s) Detail :

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

2018 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

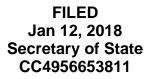
Current Mailing Address:

P.O. BOX 5524 JACKSONVILLE, FL 32247 US

FEI Number: 81-1266951

Name and Address of Current Registered Agent:

IMSIROVIC, NERMIN 5201 ATLANTIC BLVD **APT 58** JACKSONVILLE, FL 32207 US



Certificate of Status Desired: No

Date

01/12/2018 Date

MANAGER