

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000130242

Entity Name: IMA EVALUATIONS, LLC

Current Principal Place of Business:

660 WHITE PLAINS ROAD, SUITE 630
TARRYTOWN, NY 10591

Current Mailing Address:

660 WHITE PLAINS ROAD
SUITE 630
TARRYTOWN, NY 10591 US

FEI Number: 20-1919610

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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 COHEN, VICTOR

Address 660 WHITE PLAINS ROAD, SUITE 630

City-State-Zip: TARRYTOWN NY 10591

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: VICTOR COHEN

MANAGER

02/26/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date