

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000139384

Entity Name: IMSUMA, LLC**Current Principal Place of Business:**4452 DESERT ROSE AVE
KISSIMMEE, FL 34746**Current Mailing Address:**4452 DESERT ROSE AVE
KISSIMMEE, FL 34746 US**FEI Number:** 35-2665476**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ARM CONSULTING & CO INC
3475 SHERIDAN ST
313
HOLLYWOOD, FL 33021 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:** ARMANDO NODA

04/26/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name RIERA MEZA, DIEGO M
Address 4452 DESERT ROSE AVE
City-State-Zip: KISSIMMEE FL 34746

Title MGRM
Name NODA MAMBELL, JUAN M
Address 4452 DESERT ROSE AVE
City-State-Zip: KISSIMMEE FL 34746

Title MGRM
Name JIMENEZ SIVIRA, GENESIS V
Address 4452 DESERT ROSE AVE
City-State-Zip: KISSIMMEE FL 34746

Title MGRM
Name GARCIA OROPEZA, ROSSMARY D
Address 4452 DESERT ROSE AVE
City-State-Zip: KISSIMMEE FL 34746

Title MGRM
Name RIERA, HENRY C
Address 4452 DESERT ROSE AVE
City-State-Zip: KISSIMMEE FL 34746

Title MGRM
Name MEZA DE RIERA, MIRIAM C
Address 4452 DESERT ROSE AVE
City-State-Zip: KISSIMMEE FL 34746

Title MGRM
Name RIERA MEZA, MIGUEL U
Address 4452 DESERT ROSE AVE
City-State-Zip: KISSIMMEE FL 34746

Title MGRM
Name RIERA MEZA, LAURY G
Address 4452 DESERT ROSE AVE
City-State-Zip: KISSIMMEE FL 34746

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: MIGUEL U RIERA MEZA

MGR

04/26/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date