

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000096632

Entity Name: IMPERIUM VI LLC**Current Principal Place of Business:**2875 NE 191ST ST STE 500
AVENTURA, FL 33180**Current Mailing Address:**2875 NE 191ST ST STE 500
AVENTURA, FL 33180 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEGALINC CORPORATE SERVICES INC.
5237 SUMMERLIN COMMONS
SUITE 400
FORT MYERS, FL 33907 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 AMBR
Name ASHLEY, SABRIEL
Address 2875 NE 191ST ST STE 500
City-State-Zip: AVENTURA FL 33180

Title AMBR
Name ASHLEY, JOY
Address 2875 NE 191ST ST STE 500
City-State-Zip: AVENTURA FL 33180

Title AMBR
Name ASHLEY, JORDAN
Address 2875 NE 191ST ST STE 500
City-State-Zip: AVENTURA FL 33180

Title AMBR
Name ASHLEY, SHAMYA
Address 2875 NE 191ST ST STE 500
City-State-Zip: AVENTURA FL 33180

Title AMBR
Name ASHLEY, SABRIEL JR
Address 2875 NE 191ST ST STE 500
City-State-Zip: AVENTURA FL 33180

Title AMBR
Name ASHLEY, JAELA
Address 2875 NE 191ST ST STE 500
City-State-Zip: AVENTURA FL 33180

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: ASHLEY, SABRIEL

AMBR

04/21/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date