

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000211279

Entity Name: IMPERIAL 2505 LLC**Current Principal Place of Business:**1627 BRICKELL AVE.
UNIT 2505
MIAMI, FL 33129**Current Mailing Address:**1627 BRICKELL AVE.
UNIT 2505
MIAMI, FL 33129 US**FEI Number:** 32-0793175**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PINO ICAZA, ALVARO GABRIEL
1627 BRICKELL AVE.
UNIT 2505
MIAMI, FL 33129 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:** ALVARO GABRIEL PINO ICAZA

03/06/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name MARIA DE LOURDES PINO ARROBA
Address 1627 BRICKELL AVE UNIT 2505
City-State-Zip: MIAMI FL 33129

Title AMBR
Name JOSE FERNANDO PINO ARROBA
Address 1627 BRICKELL AVE UNIT 2505
City-State-Zip: MIAMI FL 33129

Title AMBR
Name DANIEL ALFREDO PINO ARROBA
Address 1627 BRICKELL AVE UNIT 2505
City-State-Zip: MIAMI FL 33129

Title AMBR
Name ALVARO ERNESTO PINO ARROBA
Address 1627 BRICKELL AVE UNIT 2505
City-State-Zip: MIAMI FL 33129

Title AUTHORIZED MEMBER
Name PINO, ALVARO GABRIEL MR
Address 1627 BRICKELL AVE.
UNIT 2505
City-State-Zip: MIAMI FL 33129

Title AUTHORIZED MEMBER
Name ARROBA, FANNY PILAR MRS
Address 1627 BRICKELL AVE.
UNIT 2505
City-State-Zip: MIAMI FL 33129

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: ALVARO GABRIEL PINO

MGR

03/06/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date