

2023 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:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NEWMAYER, MICHAEL ESQ
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:**_____
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: MARIA PINO**MRS., AUTHORIZE
MEMBER****01/31/2023**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date