

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000097811

**Entity Name:** INSTITUTE FOR MUSIC BUSINESS, LLC

**Current Principal Place of Business:**

1320 SOUTH ADAMS STREET  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

3551 BLAIRSTONE ROAD  
105-108  
TALLAHASSEE, FL 32301 US

**FEI Number:** 92-0975344

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

AMP EXPERT SOLUTIONS, LLC  
210 SOUTH BEACH STREET  
SUITE 202  
DAYTONA BEACH, FL 32114 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      PRESIDENT, CEO, AUTHORIZED  
             REPRESENTATIVE  
Name      POOLE, ANGELA M PHD  
Address    210 SOUTH BEACH STREET  
             SUITE 202  
City-State-Zip: DAYTONA BEACH FL 32114  
  
Title      TREASURER, SECRETARY  
Name      WATSON, TERRY  
Address    1834 NEWMAN LN  
City-State-Zip: TALLAHASSEE FL 32312

Title      CHAIRMAN  
Name      STALLWORTH, THEOTIS  
Address    2461 LANTANA LANE  
City-State-Zip: TALLAHASSEE FL 32311  
  
Title      DIRECTOR  
Name      BROWN, BROWN  
Address    6114 PETTIFORD DRIVE WEST  
City-State-Zip: JACKSONVILLE FL 32209

*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:** ANGELA POOLE

**PRESIDENT**

**04/29/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date