

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90310 001 ***138.75

DOCUMENT # L04000093726 1. Entity Name FMSS, LLC					
Principal Place of Business 100 S. BISCAYNE BOULEVARD, SUITE 1100 MIAMI, FL 33131				Mailing Address 100 S. BISCAYNE BOULEVARD, SUITE 1100 MIAMI, FL 33131	
2. Principal Place of Business - No P.O. Box # 100 S Biscayne Blvd Suite, Apt. #, etc. Ste 900		3. Mailing Address 100 S Biscayne Blvd Suite, Apt. #, etc. Ste 900			
City & State miami FL Zip 33131		City & State miami FL Zip 33131		Country USA	
4. FEI Number 20-2069591				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLLO, JEROME 100 S BISCAYNE BLVD SUITE 1100 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) STE 900 City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM	NAME FINANCIAL MARKETS LLC		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS 100 S BISCAYNE BLVD	CITY-ST-ZIP MIAMI, FL 33131		STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	
TITLE MGR	NAME HOLLO, TIBOR		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS 100 S. BISCAYNE	CITY-ST-ZIP MIAMI, FL 33131		STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	
TITLE MGR	NAME HOLLO, WAYNE		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS 100 S. BISCAYNE	CITY-ST-ZIP MIAMI, FL 33131		STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	
TITLE MGR	NAME HOLLO, JEROME		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS 100 S. BISCAYNE	CITY-ST-ZIP MIAMI, FL 33131		STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.					
SIGNATURE: _____ 4.8.08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					