2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 02, 2008 8:00 am Secretary of State **DOCUMENT # L07000080061** 1. Entity Name 05-02-2008 90014 013 ***138.75 NMS SYSTEMS LLC Mailing Address Principal Place of Business 2799 SW 33CT 2799 SW 33CT MIAMI, FL 33133 US MIAMI, FL 33133 - US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc.-Suite, Apt. #, etc. 01082008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SANCHEZ, ERNESTO Street Address (P.O. Box Number is Not Acceptable) **471 SW 8 STREET** MIAMI, FL 33130 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. Elderica 12200-1 SIGNATURE 1 (NOTE: Registered Agent signature required when reins FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. **MGRM** MILE TITLE Change ■ Addition ☐ Delete TARRAGO, EUGENIA NAME NAME STREET ADDRESS 2799 SW 33 CT STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Addition TITLE TIFLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ШLE ☐ Chance ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete MLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

FILED