

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000007877

**Entity Name:** TEAMS, LLC

**Current Principal Place of Business:**

345 CLYDE MORRIS BLVD  
STE 330  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

790 DUNLAWTON AVE  
STE A  
PORT ORANGE, FL 32127 US

**FEI Number:** 59-3659618

**Certificate of Status Desired:** Yes

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

MAKOWSKI, MICHAEL KMD  
345 CLYDE MORRIS BLVD  
SUITE 330  
ORMOND BEACH, FL 32174 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 MGRM  
Name MAKOWSKI, MICHAEL KMD  
Address 345 CLYDE MORRIS BLVD STE 330  
City-State-Zip: ORMOND BEACH FL 32174  
  
Title MGRM  
Name KENNEDY, MARK EMD  
Address 345 CLYDE MORRIS BLVD SUITE 330  
City-State-Zip: ORMOND BEACH FL 32174

Title MGRM  
Name SPERTUS, ALAN DMD  
Address 345 CLYDE MORRIS BLVD SUITE 330  
City-State-Zip: ORMOND BEACH FL 32174

*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: MICHAEL K MAKOWSKI MD**

**MGRM**

**01/22/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date