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: LOUIS M. SCHULTZ

I

Electronic Signature of Signing Authorized Person(s) Detail

# 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L0300001475

Entity Name: LMS-UNLIMITED, L.L.C.

## **Current Principal Place of Business:**

4197 BOCA POINTE DR SARASOTA, FL 34238

## **Current Mailing Address:**

4197 BOCA POINTE DR SARSOTA. FL 34238 US

## FEI Number: 56-2311342

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

SCHULTZ, JAN B 240 SOUTH PINEAPPLE AVENUE SARASOTA, FL 34236 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:	JAN SCHULTZ			01/22/2022	
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	MANAGER	Title	MANAGER		
Name S	SCHULTZ, LOUIS M	Name	SCHULTZ, DIANE L		
Address 8	5202 MOLINO	Address	5202 MOLINO		
City-State-Zip: I	IRVINE CA 92618	City-State-Zip:	IRVINE CA 92618		

01/22/2022

MANAGING PARTNER

Certificate of Status Desired: No

FILED Jan 22, 2022 Secretary of State 1536320937CC

Date