## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000017729

Entity Name: D.D.M.S. L.L.C.

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

6817 SOUTHPOINT PKWY **SUITE 2304** JAKCSONVILLE, FL 32216

## **Current Mailing Address:**

6817 SOUTHPOINT PKWY **SUITE 2304** JAKCSONVILLE, FL 32216 US

FEI Number: 75-3231293 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

THE GRIGGSGROUP, CPAS 238 PONTE VEDRA PARK DRIVE SUITE 201 PONTE VEDRA BEACH, FL 32082 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

**FILED** Mar 03, 2020

**Secretary of State** 

8197887444CC

Authorized Person(s) Detail:

Title **MANAGER** Title **MANAGER** 

Name KUEHN, STEPHEN Name KUEHN, CHANDA

6817 SOUTHPOINT PKWY 6817 SOUTHPOINT PKWY Address Address

**SUITE 2304 SUITE 2304** 

City-State-Zip: JAKCSONVILLE FL 32216 City-State-Zip: JAKCSONVILLE FL 32216

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.

Electronic Signature of Signing Authorized Person(s) Detail