## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000017729

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

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

**Current Principal Place of Business:** 

9191 R. G. SKINNER PARKWAY SUITE 501 JAKCSONVILLE, FL 32256

**Current Mailing Address:** 

9191 R. G. SKINNER PARKWAY SUITE 501 JAKCSONVILLE, FL 32256 US

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

Name and Address of Current Registered Agent:

BERNARD, LAWRENCE J 480 BUSCH DRIVE JAKCSONVILLE, FL 32218 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: LAWRENCE J BERNARD 04/28/2014

**Electronic Signature of Registered Agent** 

Date

FILED Apr 28, 2014

**Secretary of State** 

CC9753377797

Authorized Person(s) Detail:

Title MGRM Title MGRM

Name KOEHLER, DAVID Name KUEHN, STEPHEN

Address 9191 R. G. SKINNER PARKWAY Address 9191 R. G. SKINNER PARKWAY

SUITE 501 SUITE 501

City-State-Zip: JACKSONVILLE FL 32256 City-State-Zip: JACKSONVILLE FL 32256

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: STEPHEN KUEHN

04/28/2014