**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Jan 08, 2015**
**Secretary of State**
**CC6144218980**

DOCUMENT# L07000032500

**Entity Name:** MS THREE LLC

**Current Principal Place of Business:**

8950 SW 152 STREET
SUITE 102
PALMETTO BAY, FL 33157

**Current Mailing Address:**

8950 SW 152 STREET
SUITE 102
PALMETTO BAY, FL 33157 US

**FEI Number: 35-2294997**

**Certificate of Status Desired:** No

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

SONTAG, NOELLE
8950 SW 152 STREET
SUITE 102
PALMETTO BAY, FL 33157 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 | Title | MGR |
| Name | SONTAG, MICHAEL W | Name | SONTAG, NOELLE |
| Address | 8950 SW 152 STREET<br>SUITE 102 | Address | 8950 SW 152 STREET<br>SUITE 102 |
| City-State-Zip: | PALMETTO BAY FL 33157 | City-State-Zip: | PALMETTO BAY FL 33157 |

*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: NOELLE SONTAG RA 01/08/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date