

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000081852

**Entity Name:** MMS-1 GROUP, LLC.

**Current Principal Place of Business:**

8400 NW 17TH STREET  
DORAL, FL 33126

**Current Mailing Address:**

8242 NW 36TH STREET  
SUITE 211  
DORAL, FL 33166

**FEI Number:** 45-5548018

**Certificate of Status Desired:** No

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

M&C ACCOUNTING SERVICES, INC.  
8249 NW 36TH STREET  
SUITE 211  
DORAL, FL 33166 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 MGR  
Name SCHONFELD, MAURICIO  
Address 8400 NW 17TH STREET  
City-State-Zip: DORAL FL 33126

*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:** MAURICIO SCHONFELD

MGR

04/28/2017

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date