

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000010102

**Entity Name:** JACKSONVILLE-TMS, LLC

**Current Principal Place of Business:**

7444 LONG AVE  
SKOKIE, IL 60077

**Current Mailing Address:**

7444 LONG AVE  
SKOKIE, IL 60077 US

**FEI Number: 82-3542797**

**Certificate of Status Desired: No**

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

VCORP SERVICES, LLC  
5011 S STATE RD7  
STE 106  
DAVIE, FL 33314 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            MBR  
Name            KLEIN, BENJAMIN  
Address        7444 LONG AVE  
City-State-Zip: SKOKIE IL 60077

*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: BENJAMIN KLEIN**

**MEMBER**

**04/27/2018**

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

\_\_\_\_\_  
Date