

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001460

Entity Name: USMS, LLC

FILED  
Jun 09, 2006  
Secretary of State

**Current Principal Place of Business:**

215 SOUTH FEDERAL HWY  
SUITE 200  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

215 SOUTH FEDERAL HWY  
SUITE 200  
STUART, FL 34994

**New Mailing Address:**

FEI Number: 65-1074484      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

BRECHBILL, MARK E CPA  
506 S. FEDERAL HIGHWAY  
SUITE 202  
STUART, FL 34994 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: NORELL, STEVE  
Address: 215 S. FEDERAL HWY  
City-St-Zip: STUART, FL 34997

Title: MGRM ( ) Delete  
Name: FIORELLA, LAWRENCE  
Address: 215 S. FEDERAL HWY.  
City-St-Zip: STUART, FL 34994

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: STEVE NORELL

MGRM

06/09/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date