

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2003 8:00 am
Secretary of State

08-07-2003 90064 045 ****55.00

DOCUMENT # L01000012955

1. Entity Name

MMS HOLDINGS, L.L.C.



Principal Place of Business

Mailing Address

2000 SPANISH RIVER ROAD
BOCA RATON FL 33432

2000 SPANISH RIVER ROAD
BOCA RATON FL 33432

2. Principal Place of Business

1801 S. FEDERAL HWY

3. Mailing Address

1801 S. FEDERAL HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BOCA RATON

City & State
BOCA RATON FL

4. FEI Number 65-1127846

Applied For

Not Applicable

Zip
33432

Country
FL

Zip
33432

Country
FL

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KISSMAN, NANCY
2000 SPANISH RIVER ROAD
BOCA RATON FL 33432

Name

Street Address (P.O. Box Number is Not Acceptable)

1801 S. FEDERAL HWY

City BOCA RATON

FL

Zip Code 33432

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
KISSMAN, DENNIS
2000 SPANISH RIVER ROAD
BOCA RATON FL 33432 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
KISSMAN, NANCY
2000 SPANISH RIVER ROAD
BOCA RATON FL 33432 ☐ Delete

TITLE
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CITY-ST-ZIP
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Nancy Kissman
SIGNATURE OF MANAGING MEMBER

7/11/03

501/338-5800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/03)