

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

03-20-2002 90009 029 \*\*\*\*50.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # L01000019007**

1. Entity Name  
**CMS, LLC**

Principal Place of Business  
**3020 HARTLEY ROAD  
 SUITE 100  
 JACKSONVILLE FL 32257  
 US**

Mailing Address  
**3020 HARTLEY ROAD  
 SUITE 100  
 JACKSONVILLE FL 32257  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3755557**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LEGLER, MITCHELL W  
 300A WHARFSIDE WAY  
 JACKSONVILLE FL 32207**

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

*Mitchell W. Legler*  
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/28/02**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **President & Manager** ☐ Delete  
 NAME **Donald P. Hinson**  
 STREET ADDRESS **3020 Hartley Road, Suite 100**  
 CITY-ST-ZIP **Jacksonville, FL 32257** ☐ Delete

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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:

*Mitchell W. Legler*  
 SIGNATURE REQUIRED

**2/28/02**

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

Date

Daytime Phone #

CR2E083 (9/01)