2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2003 8:00 am
Secretary of State
08-18-2003 90110 025 *****5.00
03-05-2003 90299 007 ****50.00

DOCUMENT # L02000019846

1. Entity Name
DMS L.L.C.

Principal Place of Business	Mailing Address
350 N. COUNTRY CLUB BLVD BOCA RATON FL 33487	350 N. COUNTRY CLUB BLVD BOCA RATON FL 33487

13-4263426
55056297
[redacted]

2. Principal Place of Business	3. Mailing Address
350 N. Country Club Blvd	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton FL	City & State
Zip: 33487 / Country: USA	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 13-4263426 [illegible] — ☐ Applied For ☐ Not Applicable

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
SHERWOOD, DENNIS M 350 N. COUNTRY CLUB BLVD BOCA RATON FL 33487	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ 8/10/03
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	MGRM ☐ Delete SHERWOOD, DENNIS M 350 N. COUNTRY CLUB BLVD BOCA RATON FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (4/03)

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: SIGNATURE REQUIRED — 8/10/03 — 561-414-4481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #