

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022412

FILED
Jul 07, 2008
Secretary of State

Entity Name: DMS AGENCY OF FLORIDA, L.L.C.

Current Principal Place of Business:

6609 WILLOW PARK DRIVE
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

1340 DEPOT ST
#300
ROCKY RIVER, OH 44116

New Mailing Address:

FEI Number: 36-4508613 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:

SHERMAN, D. MICHAEL
6609 WILLOW PARK DRIVE
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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: P () Delete
Name: SHERMAN, MICHAEL D
Address: 15730 PIPERS GLEN
City-St-Zip: FORT MYERS, FL 33912

Title: S () Delete
Name: LAMPUS, ROBERT W
Address: 1340 DEPOT ST #300
City-St-Zip: ROCKY RIVER, OH 44116

Title: T () Delete
Name: KMETZ, MICHAEL G
Address: 1340 DEPOT ST #300
City-St-Zip: ROCKY RIVER, OH 44116

ADDITIONS/CHANGES:

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

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 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: MICHAEL J. KMETZ

T

07/07/2008

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