

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # L02000027165

1. Entity Name

DMS Miami-Dade County, L.C.



03 APR 30 AM 10:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2199 Ponce de Leon Boulevard

3. Mailing Address

2199 Ponce de Leon Boulevard

Suite, Apt. #, etc.

Suite 301

Suite, Apt. #, etc.

Suite 301

DO NOT WRITE IN THIS SPACE

City & State
Coral Gables, FL

City & State
Coral Gables, FL

4. FEI Number Applied For

☒ Applied For
☐ Not Applicable

Zip
33134

Country
USA

Zip
33134

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Stewart Agent Services

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

2199 Ponce de Leon Boulevard, Suite 301

City Coral Gables

FL

Zip Code
33134

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

Secretary

04/28/2003

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Manager/Pres - Daniel, Mark, P.
6025 LeGrange Boulevard
Atlanta, GA 30336

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

600017588406
04/30/03--01079--018 **50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Manager/VP/AS - Daniel, Brad
6025 LeGrange Boulevard
Atlanta, GA 30336

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S - Stinson, Louis, Jr.
2199 Ponce de Leon Boulevard, Suite 301
Coral Gables, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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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

Louis Stinson, Jr.

04/28/2003 305-444-8807

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

Date

Daytime Phone #

CR2E083B (12/02)