

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90058 037 ****50.00

DOCUMENT # L03000013572

1. Entity Name
CMS ENTERPRISES, LLC



Principal Place of Business
1430 ROYAL PALM SQUARE BOULEVARD STE. 105
FORT MYERS, FL 33919

Mailing Address
1430 ROYAL PALM SQUARE BOULEVARD STE. 105
FORT MYERS, FL 33919

20000764



2. Principal Place of Business
1430 Royal Palm Square Boulevard

3. Mailing Address
1430 Royal Palm Square Boulevard

Suite, Apt. #, etc.
Suite 101

City & State
Fort Myers FL

Zip
33919

Country
USA

Suite, Apt. #, etc.
Suite 101

City & State
Fort Myers FL

Zip
33919

Country
USA

01102006 Chg-LLC CR2E083 (11/05)

4. FEI Number
04-3754520

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MOOREY, SCOTT T
1430 ROYAL PALM SQUARE BOULEVARD STE. 105
FORT MYERS, FL 33919

7. Name and Address of New Registered Agent
Name
SCOTT T. MOOREY
Street Address (P.O. Box Number is Not Acceptable)
1430 Royal Palm Square Boulevard
Suite 101
City
Fort Myers FL Zip Code
33919

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 SCOTT T. MOOREY 1/11/06
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
MOOREY, SCOTT T
14150 MCGREGOR BOULEVARD
FORT MYERS, FL 33919

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
CLAYPOOL, CHRISTOPHER C
14370 MCGREGOR BOULEVARD
FORT MYERS, FL 33919

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
RAMSEY, MATTHEW B
1015 N. WATERWAY DRIVE
FORT MYERS, FL 33919

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: SCOTT T. MOOREY 1/11/06 (239) 275-5552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #