

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000031989



1. Entity Name

MMSS ASSOCIATES, LLC

Principal Place of Business

**800 CORPORATE DRIVE, STE. 500
FORT LAUDERDALE FL 33334**

Mailing Address

**800 CORPORATE DRIVE, STE. 500
FORT LAUDERDALE FL 33334**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2588564

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOSKOWITZ, MICHAEL W ESQ
800 CORPORATE DRIVE, STE. 500
FORT LAUDERDALE FL 33334**

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

Signature, typed or printed name of registered agent and link 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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: ☐ Delete
NAME: **MGRM**
STREET ADDRESS: **MOSKOWITZ, MANDELL, SALIM & SIMOWITZ, P.A.**
CITY-STATE-ZIP: **800 CORPORATE DRIVE #500
FORT LAUDERDALE FL 33334**

☐ Change ☐ Addition
NAME: **U000000622990**
STREET ADDRESS: **02/13/07-80048-004 50.00**
CITY-STATE-ZIP:

TITLE: ☐ Delete
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

2/1/06 954-491-2000

Date

Daytime Phone #