

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90029 008 ****50.00

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1. Entity Name
FMSS, LLC



Principal Place of Business
100 S. BISCAYNE BOULEVARD, SUITE 1100
MIAMI, FL 33131

Mailing Address
100 S. BISCAYNE BOULEVARD, SUITE 1100
MIAMI, FL 33131

20042519



02152006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2069591

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

OSHINSKY, JEFFREY M
C/O WHITE & CASE, LLP
200 S. BISCAYNE BLVD., SUITE 4900
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name Jerome Hollo
Street Address (P.O. Box Number is Not Acceptable)
100 S BISCAYNE BLVD SUITE 1100
City MIAMI FL Zip Code 33131

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 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	MGRM	☒ Delete
NAME	MARKETS, LLC, FINNAI M.	
STREET ADDRESS	100 S. BISCAYNE	
CITY - ST - ZIP	MIAMI, FL 33131	
TITLE	MGR	☐ Delete
NAME	HOLLO, TIBOR	
STREET ADDRESS	100 S. BISCAYNE	
CITY - ST - ZIP	MIAMI, FL 33131	
TITLE	MGR	☐ Delete
NAME	HOLLO, WAYNE	
STREET ADDRESS	100 S. BISCAYNE	
CITY - ST - ZIP	MIAMI, FL 33131	
TITLE	MGR	☐ Delete
NAME	HOLLO, JEROME	
STREET ADDRESS	100 S. BISCAYNE	
CITY - ST - ZIP	MIAMI, FL 33131	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE	MGRM	☒ Change ☐ Addition
NAME	FINANCIAL MARKETS, LLC	
STREET ADDRESS	100 S BISCAYNE BLVD	
CITY - ST - ZIP	MIAMI, FL 33131	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

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

Date

Daytime Phone #