

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 09, 2007 8:00 am**  
**Secretary of State**

08-09-2007 90036 001 \*\*\*150.00

**DOCUMENT # L05000028785**

1. Entity Name  
CMS ARKANSAS, LLC



Principal Place of Business  
445 WEST DRIVE, SUITE 101  
MELBOURNE, FL 32904

Mailing Address  
445 WEST DRIVE, SUITE 101  
MELBOURNE, FL 32904

**30012177**



07052007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3087078

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CORPORATION COMPANY OF ORLANDO  
300 SOUTH ORANGE AVE., SUITE 1000 (JGH)  
ORLANDO, FL 32801-5403

**DO NOT WRITE  
IN THIS SPACE**

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 September 14, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ARES HOLDINGS LLC  
445 WEST DRIVE, SUITE 101  
MELBOURNE, FL 32904

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
BULL, ROBERT A  
445 WEST DRIVE, SUITE 101  
MELBOURNE, FL 32904

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

**7/9/07 321-727-2865**

Date

Daytime Phone #