

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000038026

Entity Name: NMS, L.L.C.

FILED
Oct 03, 2006
Secretary of State

Current Principal Place of Business:

5276 NE 6TH AVENUE
SUITE # 19 G
FORT LAUDERDALE, FL 33334

New Principal Place of Business:

289 SE 2ND AVE
POMPANO BEACH, FL 33060

Current Mailing Address:

5276 NE 6TH AVENUE
SUITE # 19 G
FORT LAUDERDALE, FL 33334

New Mailing Address:

289 SE 2ND AVE
POMPANO BEACH, FL 33060

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MARCIN, PERRY C
5276 NE 6TH AVENUE
FORT LAUDERDALE, FL 33334 US

Name and Address of New Registered Agent:

MARCIN, PERRY C
289 SE 2ND AVE
POMPANO BEACH, FL 33060 US

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.

SIGNATURE: PERRY C MARCIN

10/03/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR. () Change (X) Addition
Name: MARCIN, PERRY C
Address: 289 SE 2ND AVE
City-St-Zip: POMPANO BEACH, FL 33060 US

Title: MRS. () Change (X) Addition
Name: MARCIN, STACIE D
Address: 289 SE 2ND AVE
City-St-Zip: POMPANO BEACH, FL 33060 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PERRY C MARCIN

MR.

10/03/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date