

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90024 042 ****50.00

DOCUMENT # L05000061661

1. Entity Name

BMS OF CENTRAL FL. L.L.C.



Principal Place of Business

154 PORTSTEWART DR
ORLANDO FL 32828
US

Mailing Address

154 PORTSTEWART DR
ORLANDO FL 32828
US



2. Principal Place of Business

6843 Marcoossee Road,
Suite 14

3. Mailing Address

6843 Marcoossee Road,
Suite 14

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32822

Country

Orange

Zip

32822

Country

Orange

4. FEI Number

20-3063047

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAXTER, GARY
154 PORTSTEWART DR
ORLANDO FL 32828

7. Name and Address of New Registered Agent

Name Gary Baxter
Street Address (P.O. Box Number is Not Acceptable)
4807 Lakes Edge Lane
City Kissimmee FL Zip Code 34744

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]

(Signature typed or printed name of registered agent and title 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, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME BAXTER, GARY
STREET ADDRESS 154 PORTSTEWART DR
CITY-ST-ZIP ORLANDO FL 32828

TITLE MGR ☐ Delete
NAME BAXTER, SANDRA
STREET ADDRESS 154 PORTSTEWART DR
CITY-ST-ZIP ORLANDO FL 32828

TITLE MGR ☐ Delete
NAME BAXTER, JAMES
STREET ADDRESS 3117 S. SEMORAN BLVD. APT 332
CITY-ST-ZIP ORLANDO FL 32822

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME Baxter, Gary
STREET ADDRESS 4807 Lakes Edge Lane
CITY-ST-ZIP Kissimmee, FL 34744

TITLE MGR ☒ Change ☐ Addition
NAME Baxter, Sandra
STREET ADDRESS 4807 Lakes Edge Lane
CITY-ST-ZIP Kissimmee, FL 34744

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

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 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]

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

Date

Daytime Phone #