

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000062607

Entity Name: MS & ASSOCIATES, LLC

**FILED**  
**Apr 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

9045 LA FONTANA BLVD SUITE C15  
BOCA RATON, FL 33434

**New Principal Place of Business:**

1215 WALLACE DRIVE  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

9045 LA FONTANA BLVD SUITE C15  
BOCA RATON, FL 33434

**New Mailing Address:**

1215 WALLACE DRIVE  
BOCA RATON, FL 33434

FEI Number: 20-3127721

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROSENTHAL, ALEX P  
2115 NORTH COMMERCE PARKWAY  
WESTON, FL 33326 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LASURE, WAYNE  
Address: 1215 WALLACE DRIVE  
City-St-Zip: DELRAY BEACH, FL 33344

Title: MGRM  
Name: MERKLE, PETER  
Address: 1215 WALLACE DRIVE  
City-St-Zip: DELRAY BEACH, FL 33344

Title: MGRM  
Name: FRIONE, FRANK  
Address: 1215 WALLACE DRIVE  
City-St-Zip: DELRAY BEACH, FL 33344

Title: MGRM  
Name: KAUB, FRED  
Address: 1215 WALLACE DRIVE  
City-St-Zip: DELRAY BEACH, FL 33344

I hereby 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: WAYNE LASURE

MGRM

04/20/2012

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