

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000080135

Entity Name: TMS, LLC

FILED  
Jun 16, 2009  
Secretary of State

**Current Principal Place of Business:**

3613 DEL PRADO BLVD.  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

3613 DEL PRADO BLVD.  
CAPE CORAL, FL 33904

**New Mailing Address:**

FEI Number: 02-0749886      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:**

MANSSON, LARS  
3613 DEL PRADO BLVD.  
CAPE CORAL, FL 33904      US

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

MANSSON, MARIE  
3613 DEL PRADO BLVD.  
CAPE CORAL, FL 33904      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: MARIE MANSSON

06/16/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: MANSSON, LARS  
Address: 3613 DEL PRADO BLVD.  
City-St-Zip: CAPE CORAL, FL 33904

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: MANSSON, MARIE  
Address: 3613 DEL PRADO BLVD.  
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify 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: MARIE MANSSON

PRES

06/16/2009

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