

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036591

Entity Name: FLMS, LLC

FILED  
Mar 06, 2007  
Secretary of State

**Current Principal Place of Business:**

CARR# 2 KM 20.2  
BARRIO CANDELARIA ARENAS  
TOA BAJA, PR 00949

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2399  
TOA BAJA, PR 00951

**New Mailing Address:**

FEI Number: 66-0674413

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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 ( ) Delete  
Name: SHUB, SENDER  
Address: PO BOX 2399  
City-St-Zip: TOA BAJA, PR 00951

Title: MGR ( ) Delete  
Name: MENDA, NELSON  
Address: PO BOX 2399  
City-St-Zip: TOA BAJA, PR 00951

Title: MGR ( ) Delete  
Name: TAUBENFELD, JIM  
Address: PO BOX 2399  
City-St-Zip: TOA BAJA, PR 00951

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: MENDA, NELSON  
Address: PO BOX 2399  
City-St-Zip: TOA BAJA, PR 00951

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SENDER SHUB

MGRM

03/06/2007

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