2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L06000036591

Entity Name: FLMS, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

CARR# 5 KM 4.0
BARRIO PALMAS
CATANO, PR 00962

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

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

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: SENDER SHUB MGRM 04/30/2009

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