

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000062335

Entity Name: CMS GROUP, LLC

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1022 PARK STREET  
SUITE #308  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

1022 PARK STREET  
SUITE #308  
JACKSONVILLE, FL 32204

**New Mailing Address:**

FEI Number: 20-5076898

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GACCETTA, PATRICK A PRES  
650 ROBERTS ROAD  
JACKSONVILLE, FL 32259 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: MR  
Name: GACCETTA, PATRICK A PRES  
Address: 650 ROBERTS ROAD  
City-St-Zip: JACKSONVILLE, FL 32259

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: PATRICK A. GACCETTA

PRES

02/09/2012

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