

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000003626

Entity Name: CMS SOLUTIONS, LLC

FILED  
Jul 14, 2008  
Secretary of State

**Current Principal Place of Business:**

10015 BENTLEY WAY  
TAMPA, FL 33626

**New Principal Place of Business:**

**Current Mailing Address:**

10015 BENTLEY WAY  
TAMPA, FL 33626

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:**

SMITHERS, CHRISTIAN M  
3730 LUMBERJACK WAY  
JACKSONVILLE, FL 32223 US

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

SMITHERS, CHRISTIAN M  
10015 BENTLEY WAY  
TAMPA, FL 33626 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: CHRISTIAN SMITHERS

07/14/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SMITHERS, CHRISTIAN M  
Address: 3730 LUMBERJACK WAY  
City-St-Zip: JACKSONVILLE, FL 32223 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SMITHERS, CHRISTIAN M  
Address: 10015 BENTLEY WAY  
City-St-Zip: TAMPA, FL 33626 US

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: CHRISTIAN SMITHERS

MGRM

07/14/2008

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