

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000084053

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Entity Name:** LMS, ASSOC., LLC

**Current Principal Place of Business:**

200 MACFARLANE DRIVE  
UNIT 502  
DELRAY BEACH, FL 33483 US

**New Principal Place of Business:**

200 MACFARLANE DRIVE  
UNIT 502N  
DELRAY BEACH, FL 33483 US

**Current Mailing Address:**

200 MACFARLANE DRIVE  
UNIT 502  
DELRAY BEACH, FL 33483 US

**New Mailing Address:**

200 MACFARLANE DRIVE  
UNIT 502N  
DELRAY BEACH, FL 33483 US

**FEI Number:** 26-0723307

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MAZUR, SCHLOSSBERG, JOY  
200 MACFARLANE DR  
APT. 502  
DELRAY BEACH, FL 33483 US

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

MAZUR, SCHLOSSBERG, JOY  
200 MACFARLANE DR  
APT. 502N  
DELRAY BEACH, FL 33483 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: JOY MAZUR SCHLOSSBERG

02/10/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MAZUR, SCHLOSSBE, JOY  
Address: 200 MACFARLANE DRIVE, UNIT 502N  
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: MGR.  
Name: SCHLOSSBERG, ALAN  
Address: 200MACFARLANE DRIVE, APT.502N  
City-St-Zip: DELRAY BEACH, FL 33483 US

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: JOY MAZUR SCHLOSSBERG

MGR.

02/10/2012

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