

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000082986

Entity Name: LFMS, LLC

**FILED**  
**Mar 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

519 NE 26 STREET  
WILTON MANORS, FL 33305

**New Principal Place of Business:**

**Current Mailing Address:**

519 NE 26 STREET  
WILTON MANORS, FL 33305

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

PERLMAN, YEVOLI & ALBRIGHT, P.L.  
200 S. ANDREWS AVENUE  
SUITE 600  
FORT LAUDERDALE, FL 33301 US

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

PBYA CORPORATE SERVICES, LLC  
200 S. ANDREWS AVENUE  
SUITE 600  
FORT LAUDERDALE, FL 33301 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: MARK ALBRIGHT

03/18/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CLARKE-CAMPBELL, KIM  
Address: 519 NE 26 STREET  
City-St-Zip: WILTON MANORS, FL 33305

Title: MGRM  
Name: CASSANELLI, LISA  
Address: 519 NE 26 STREET  
City-St-Zip: WILTON MANORS, FL 33305

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: KIM CLARKE-CAMPBELL

MGRM

03/18/2011

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