

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000082986

Entity Name: LFMS, LLC

**FILED**  
**Apr 09, 2012**  
**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: 27-3250329

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

MGRM

04/09/2012

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