

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000019322

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** FACILITIES MANAGEMENT SYSTEMS, LLC

**Current Principal Place of Business:**

17055 NW 78TH CT  
HIALEAH, FL 330153803 US

**New Principal Place of Business:**

**Current Mailing Address:**

11435 NW 34TH ST  
MIAMI, FL 331781831 US

**New Mailing Address:**

11435 NW 34TH ST.  
SUITE 414  
DORAL, FL 331781831 US

**FEI Number:** 45-2453312

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SMALL, LENICIA M  
17055 NW 78TH CT  
HIALEAH, FL 330153803 US

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

MATTHEWS, ASHWORTH  
919 HILLCREST DRIVE  
#203  
HOLLYWOOD, FL 33021 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: ASHWORTH MATTHEWS

05/01/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CHOO TIM, ASHLEY A  
Address: LP#22 XAVIER STREET EXTENSION  
City-St-Zip: CHAGUANAS, NA NA TT

Title: MGR  
Name: LENOX, FINGAL  
Address: LP#22 XAVIER STREET EXTENSION  
City-St-Zip: CHAGUANAS, NA NA TT

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: ASHLEY CHOO TIM

MGR

05/01/2012

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